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| Fill in this information to identify your case: |                               |
|---|-------------------------------|
| United States Bankruptcy Court for the:         |                               |
| Northern District of: Illinois (State)          |                               |
| Case number (if known)                          | Chapter you are filing under: |
|   | Chapter 7 Chapter 11          |
|   | Chapter 12 Chapter 13         |

#### Official Form 101

#### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself  |                                      |   |
|--|--------------------------------------|---|
|  | About Debtor 1:                      | About Debtor 2 (Spouse Only in a Joint Case): |
| Your full name  Write the name that is on  | Isaac<br>First name<br>J             | First name                                    |
| your government-issued<br>picture identification (for<br>example, your driver's<br>license or passport | Middle name<br>Rucker                | Middle name                                   |
| Bring your picture identification to your meeting with the trustee.                                    | Last name Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| All other names you have used in the last 8 years  | First name                           | First name                                    |
| Include your married or  | Middle name                          | Middle name                                   |
| maiden names.  | Last name                            | Last name                                     |
|  | First name                           | First name                                    |
|  | Middle name                          | Middle name                                   |
|  | Last name                            | Last name                                     |
| Only the last 4 digits of your Social Security number or   | XXX - XX- <u>5558</u><br>OR          | XXX - XX-<br>OR                               |
| federal Individual<br>Taxpayer<br>Identification number<br>(ITIN)                                      | 9 ** - **-                           | 9 xx - xx-                                    |

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| D  | ebtor 1 Isaac  | J Rucker  | Case number (if known)   |
|----|--|---|--|
| _  | First Name   | Middle Name Last Name   |  |
|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. | Any business names and Employer                        | I have not used any business names or EINs.   | I have not used any business names or EINs.  |
|    | Identification Numbers (EIN) you have used in the last | Business name   | Business name  |
|    | 8 years  | Business name   | Business name  |
|    | Include trade names and doing business as names        | EIN   | EIN  |
|    |  | EIN   | EIN  |
| 5. | Where you live   |   | If Debtor 2 lives at a different address:  |
|    |  | 3921 W Monroe<br>Number Street  | Number Street  |
|    |  | Chicago Illinois 60624  |  |
|    |  | City State Zip Code   | City State Zip Code  |
|    |  | Cook<br>County  | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number Street   | Number Street  |
|    |  | ·   |  |
|    |  | City State Zip Code   | City State Zip Code  |
| 6. | Why you are choosing this district                     | Check one:  | Check one:   |
|    | to file for bankruptcy                                 | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |

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| Debtor 1 Isaac   | J   | Rucker  | Case number (if know   | vn)  |
|--|---|---|--|--|
| First Name   | Middle Name   | Last Name   |  |  |
| Part 2: Tell the Court   | t About Your Bankruptcy Cas   | se  |  |  |
| <ol> <li>The chapter of the<br/>Bankruptcy Code<br/>are choosing to fil<br/>under</li> </ol>   | you Bankruptcy (Form B2010)   | escription of each, see <i>Notice Req</i><br>). Also, go to the top of page 1 and   |  |  |
| 8. How you will pay t<br>fee   | more details about h cashier's check, or m may pay with a credi  I need to pay the fee Individuals to Pay You  I request that my fee judge may, but is not the official poverty lie | now you may pay. Typically, if you noney order If your attorney is t card or check with a pre-printer in installments. If you choose your Filing Fee in Installments (Core be waived (You may request t required to, waive your fee, and ne that applies to your family siden, you must fill out the Application. | ou are paying the submitting your ed address.  e this option, sign official Form 103A this option only ind may do so only ize and you are ur | ne clerk's office in your local court for fee yourself, you may pay with cash, payment on your behalf, your attorney an and attach the <i>Application for</i> A).  If you are filing for Chapter 7. By law, a rif your income is less than 150% of hable to pay the fee in installments). If a Chapter 7 Filing Fee Waived (Official |
| 9. Have you filed for<br>bankruptcy within<br>last 8 years?  | Yes. District District District   | WhenWhenWhen  | MM / DD / YYYY   | Case number  Case number  Case number  |
| 10. Are any bankrupto<br>cases pending or<br>being filed by a<br>spouse who is not<br>filing this case wit<br>you, or by a busine<br>partner, or by an<br>affiliate? | Yes. Debtor District  | WhenWhen  | MM / DD / YYYY   | Relationship to you  Case number, if known  Relationship to you  Case number, if known   |
| 11. Do you rent your residence?  | ✓ No. Go to li  |   |  | you want to stay in your residence?  FYou (Form 101A) and file it with   |

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Rucker Debtor 1 Isaac Case number (if known) Middle Name First Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. V For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have  $\overline{}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Isaac J Rucker Case number (if known)
First Name Middle Name Last Name

| Pa  | rt 5: Explain Your Effor   | rts to Receive a Brie   | fing About Credit Counseling   |                       |  |   |
|---|--|---|--|-----------------------|--|---|
|   |  | About Debtor 1:   |  | About                 | Debtor 2 (Sp   | oouse Only in a Joint Case):  |
| 15. Tell the court  |  | You must check one:   |  | You m                 | ust check one:   |   |
| re<br>a   | whether you have received briefing about credit counseling.                                    | counseling agen   | ing from an approved credit<br>icy within the 180 days before I<br>ptcy petition, and I received a<br>npletion.  | co                    | unseling ager  | ing from an approved credit<br>ncy within the 180 days before I<br>optcy petition, and I received a<br>npletion.  |
|   | The law requires that you receive a briefing   |   | he certificate and the payment plan, veloped with the agency.  |                       |  | he certificate and the payment plan, veloped with the agency.   |
| a<br>c<br>fi<br>Y<br>c<br>fe  | about credit counseling before you file for bankruptcy. You must truthfully                    | counseling agen   | ing from an approved credit<br>acy within the 180 days before I<br>ptcy petition, but I do not have a<br>appletion.  | co                    | unseling ager  | ing from an approved credit<br>ncy within the 180 days before I<br>ptcy petition, but I do not have a<br>mpletion.  |
|   | check one of the<br>following choices. If<br>you cannot do so, you<br>are not eligible to file |   | er you file this bankruptcy petition, opy of the certificate and payment   | you                   |  | er you file this bankruptcy petition, opy of the certificate and payment  |
| are not eligible to file.  If you file anyway, the court can dismiss your case, you will lose whatever filing fee you |  | from an approve obtain those ser made my reques                   | ked for credit counseling services ad agency, but was unable to vices during the 7 days after I t, and exigent circumstances emporary waiver of the                              | fro<br>ob<br>ma<br>me | m an approve<br>tain those se<br>ade my reques                             | ked for credit counseling services<br>ed agency, but was unable to<br>vices during the 7 days after I<br>st, and exigent circumstances<br>emporary waiver of the                  |
| (   | paid, and your creditors can begin collection activities again.                                | requirement, attac<br>efforts you made t<br>unable to obtain it   | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were before you filed for bankruptcy, and imstances required you to file this     | rec<br>effo<br>una    | quirement, attao<br>orts you made<br>able to obtain it<br>at exigent circu | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were t before you filed for bankruptcy, and umstances required you to file this    |
|   |  |   | e dismissed if the court is dissatisfied<br>for not receiving a briefing before<br>ruptcy.   | wit                   |  | e dismissed if the court is dissatisfied<br>for not receiving a briefing before<br>ruptcy.  |
|   |  | receive a briefing<br>must file a certifica<br>with a copy of the | fied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. o, your case may be dismissed. | rec<br>mu<br>wit      | ceive a briefing<br>st file a certifica<br>h a copy of the                 | sfied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. o, your case may be dismissed. |
|   |  | •   | he 30-day deadline is granted only<br>mited to a maximum of 15 days.   |                       | ,  | he 30-day deadline is granted only<br>mited to a maximum of 15 days.  |
|   |  | I am not required counseling beca                                 | d to receive a briefing about credit use of:   |                       | m not require<br>unseling beca   | d to receive a briefing about credit ause of:   |
|   |  | Incapacity.   | I have a mental illness or a mental<br>deficiency that makes me<br>incapable of realizing or making<br>rational decisions about finances.  |                       | Incapacity.  | I have a mental illness or a mental<br>deficiency that makes me<br>incapable of realizing or making<br>rational decisions about finances.   |
|   |  | Disability.   | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.     |                       | Disability.  | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.      |
|   |  | Active duty.  | I am currently on active military duty in a military combat zone.  |                       | Active duty.   | I am currently on active military duty in a military combat zone.   |
|   |  | about credit coun   | are not required to receive a briefing seling, you must file a motion for punseling with the court.  | ab                    | out credit cour  | are not required to receive a briefing seling, you must file a motion for ounseling with the court.   |

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| Debtor 1 Isaac   | J<br>Middle Nove   | Rucker  | Case number (if known)  |   |  |
|--|--|---|---|---|--|
| Part 6: Answer These Que   | Middle Name<br>estions for Reporting Purp  | Last Name   |   |   |  |
| 16. What kind of debts do you have?  | 16a. Are your debts prin "incurred by an indiv No. Go to line 10 Yes. Go to line 1 16b. Are your debts prin  | narily consumer debts? vidual primarily for a pers 6b. 7. narily business debts? as or investment or throus 6c. | sonal, family, or househ<br>Business debts are debt<br>ugh the operation of the       | s that you incurred to obtain business or investment.   |  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?  | Yes. I am filing under Cl  | er Chapter 7. Go to line 18.<br>hapter 7. Do you estimate<br>I that funds will be availabl                      | that after any exempt prop  | perty is excluded and administrative<br>d creditors?  |  |
| 18. How many creditors do you estimate that you owe?   | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | ☐ 1,000-5<br>☐ 5,001-1<br>☐ 10,001-   | 0,000   | 25,001-50,000<br>50,001-100,000<br>More than 100,000  |  |
| 19. How much do you estimate your assets to be worth?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$10,000<br>\$50,000  | 001-\$10 million<br>0,001-\$50 million<br>0,001-\$100 million<br>00,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |  |
| 20. How much do you<br>estimate your<br>liabilities to be?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$10,000<br>\$50,000  | 001-\$10 million<br>0,001-\$50 million<br>0,001-\$100 million<br>00,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |  |
| Part 7: Sign Below   |  |   |   |   |  |
| For you  I have examined this petition, and I declare under penalty of perjury that the information provided correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, of title 11, United States Code. I understand the relief available under each chapter, and I choose the under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to hout this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. |  |   |   |   |  |
|  | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |   |   |   |  |
|  | /s/ Isaac Rucker Signature of Debtor 1   |   | Signature of D  | Debtor 2  |  |
|  | Executed on3/14,   | /2017<br>M / DD / YYYY  | Executed or   |   |  |

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| Debtor 1 Isaac                                   | J                          | Rucker                | Case number (i              | fknown)  |
|--|----------------------------|-----------------------|-----------------------------|--|
| First Name                                       | Middle Name                | Last Name             |                             |  |
| For your attorney, if you are represented by one | eligibility to proceed und | der Chapter 7, 11, 12 | 2, or 13 of title 11, Unite | have informed the debtor(s) about<br>ed States Code, and have explained the<br>also certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice requ  | ired by 11 U.S.C. §   | 342(b) and, in a case in    | which § 707(b)(4)(D) applies, certify that I   |
| represented by an                                | have no knowledge after    | r an inquiry that the | information in the sched    | dules filed with the petition is incorrect.  |
| attorney, you do not                             |                            |                       |                             | ·  |
| need to file this page.                          | /s/ Mike Miller            |                       | Date _                      | 3/14/2017  |
|  | Signature of Attorney f    | or Debtor             |                             | MM / DD / YYYY   |
|  | ,                          |                       |                             |  |
|  |                            |                       |                             |  |
|  | Mike Miller                |                       |                             |  |
|  | Printed name               |                       |                             |  |
|  | Semrad Law Firm            |                       |                             |  |
|  | Firm name                  |                       |                             |  |
|  | 20 S. Clark Street         |                       |                             |  |
|  | Street                     |                       |                             |  |
|  | 28th Floor                 |                       |                             |  |
|  | 201111001                  |                       |                             |  |
|  | Chicago                    |                       | Illinois                    | 60603  |
|  | City                       |                       | State                       | Zip Code   |
|  |                            |                       |                             |  |
|  | Contact phone              | 3122568728            | Email address               | mmiller@semradlaw.com  |
|  |                            |                       |                             |  |
|  |                            |                       | Illinoi                     | s  |
|  | Bar number                 |                       | State                       |  |

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| Fill in this infor        | mation to identify your c | ase:        |                      |
|---------------------------|---------------------------|-------------|----------------------|
| Debtor 1                  | Isaac                     | J           | Rucker               |
|                           | First Name                | Middle Name | Last Name            |
| Debtor 2                  |                           |             |                      |
| Spouse, if filing)        | First Name                | Middle Name | Last Name            |
| Jnited States E           | Bankruptcy Court for the: | Northern    | District of Illinois |
|                           |                           |             | (State)              |
| Case number<br>(If known) |                           |             |                      |

| Check if this is an |
|---------------------|
| amended filing      |

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1: Summarize Your Assets  |                                    |
|--|------------------------------------|
|  | Your assets Value of what you own  |
| I. Schedule A/B: Property (Official Form 106A/B)   | \$0.00                             |
| 1a. Copy line 55, Total real estate, from Schedule A/B   | Ψ0.00                              |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$4,260.00                         |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$4,260.00                         |
| Part 2: Summarize Your Liabilities   |                                    |
|  | Your liabilities<br>Amount you owe |
| . Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$0.00                             |
| . Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)   | \$0.00                             |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   |                                    |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$19,869.00                        |
| Your total liabilities   | \$19,869.00                        |
| Part 3: Summarize Your Income and Expenses   |                                    |
|  |                                    |
| Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I   | \$1,773.86                         |
| 55p) jeu. 5555   |                                    |
| 5. Schedule J: Your Expenses (Official Form 106J)  | 4                                  |
| Copy your monthly expenses from line 22, Column A, of Schedule J   | \$1,598.00                         |

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| Debt          | tor 1 Isaac  | J   | Rucker   | Case number (if known)  |            |  |  |  |  |  |
|---------------|--|---|--|---|------------|--|--|--|--|--|
| Dort .        | First Name  Answer These O   | Middle Name   | Last Name  | 4e  |            |  |  |  |  |  |
| Part 4        | Part 4: Answer These Questions for Administrative and Statistical Records  |   |  |   |            |  |  |  |  |  |
| 6. <b>A</b> ı | 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?  |   |  |   |            |  |  |  |  |  |
|               | No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. |   |  |   |            |  |  |  |  |  |
| Ī             | ✓ Yes.   |   |  |   |            |  |  |  |  |  |
| 7 14          | 7. What kind of debt do you have?  |   |  |   |            |  |  |  |  |  |
| /. W          | •  |   |  |   |            |  |  |  |  |  |
| Ŀ             |  |   | mer debts are those incurred by<br>Fill out lines 8-10 for statistical p | y an individual primarily for a personal,<br>purposes. 28 U.S.C. § 159. |            |  |  |  |  |  |
| Г             | Your debts are not p   | rimarily consumer debts. Yo   | ou have nothing to report on thi   | s part of the form. Check this box and sub                              | omit       |  |  |  |  |  |
|               | this form to the court v   | with your other schedules.  |  |   |            |  |  |  |  |  |
| 8. <b>F</b>   | From the Statement of Y  | our Current Monthly Income  | e: Copy your total current mon   | thly income from Official   | \$1,901.95 |  |  |  |  |  |
|               |  | , Form 122B Line 11; <b>OR</b> , Fo   |  |   | <u> </u>   |  |  |  |  |  |
| 9.            | Conv the following one   | oial aatagariaa of alaima fra   | m Port 4 line 6 of Schodule  | E/E.  |            |  |  |  |  |  |
| 9.            | Copy the following spec  | opy the following special categories of claims from Part 4, line 6 of Schedule E/F: |  |   |            |  |  |  |  |  |
|               | From Part 4 on Schedu  | le E/F, copy the following:   |  | Total claim   |            |  |  |  |  |  |
|               | 9a. Domestic support ob  | ligations (Copy line 6a.)   |  | \$0.00  |            |  |  |  |  |  |
|               |  |   |  | \$0.00  |            |  |  |  |  |  |
|               | 9b. Taxes and certain oth  | ner debts you owe the governr   | ment. (Copy line 6b.)  | <u>:</u>  |            |  |  |  |  |  |
|               | 9c. Claims for death or po   | ersonal injury while you were i   | ntoxicated. (Copy line 6c.)  | \$0.00  |            |  |  |  |  |  |
|               | 9d. Student loans. (Copy   | line 6f.)   |  | \$7,528.00  |            |  |  |  |  |  |
|               | 9e. Obligations arising out of a separation agreement or divergiority claims. (Copy line 6g.)  |   | r divorce that you did not repor   | t as \$0.00   |            |  |  |  |  |  |
|               |  |   | ,  |   |            |  |  |  |  |  |
|               | 9f. Debts to pension or p  | rofit-sharing plans, and other  | similar debts. (Copy line 6h )   | \$0.00  |            |  |  |  |  |  |
|               | 2 30.0 to ponoion or p   |   | 200 to (20p)0 011.)  |   |            |  |  |  |  |  |

\$7,528.00

9g. Total. Add lines 9a through 9f.

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| Fill in this i                          | information to identify y   | your case:  |   |   |   |
|---|---|---|---|---|---|
| Debtor 1                                | Isaac   | 1   | Rucker  |   |   |
| Debtor 1                                | First Name  | Middle N  |   |   |   |
| Debtor 2<br>(Spouse, if fili            | ing) First Name   | NAC-L-II- N   | Last Name   |   |   |
| (Spouse, II IIII                        | <sup>ing)</sup> First Name  | Middle N  | ame Last Name   |   |   |
| United Sta                              | tes Bankruptcy Court fo   | r the: Northern   | District of Illinois (State)  |   |   |
| Case num                                | ber   |   | (Glate)   |   |   |
| (If known)                              |   |   |   |   | Check if this is an   |
| Officia                                 | I Form 106A/I   | В   |   |   | amended filing  |
| Sched                                   | dule A/B: Pro   | _<br>operty   |   |   | 12/1  |
| category w<br>responsible<br>write your | where you think it fits be<br>the for supplying correct<br>name and case number | oest. Be as complete a<br>t information. If more s<br>er (if known). Answer e | • •   | ole are filing together, both a<br>this form. On the top of any a | are equally   |
|   |   | _   | nd, or Other Real Estate You Own or H                                       |   |   |
|   | own or have any lega No. Go to Part 2   | l or equitable interest i   | n any residence, building, land, or similar pr                              | roperty?  |   |
|   |   | nuts O  |   |   |   |
| ш                                       | Yes. Where is the prope   | erty?   | What is the group out of the standard                                       | De wet deduct seemed  | alaines au avenantiana. Dut                                 |
| 1.1                                     |   |   | What is the property? Check all that apply.  Single-family home             | the amount of any secu  | claims or exemptions. Put ired claims on <i>Schedule D:</i> |
|   | Street address, if available, or other description                              |   | Duplex or multi-unit building   | Creditors Who Have Claims Secured by Prope                        |   |
|   |   |   | Condominium or cooperative  | Current value of the<br>entire property?                          | Current value of the portion you own?                       |
|   |   |   | Manufactured or mobile home   | ————  | ————  |
|   | Number Street   |   | Land  | Describe the nature o   | f vour ownership  |
|   | Trained Stroot  |   | Investment property   | interest (such as fee s   | simple, tenancy by  |
|   | City State  | e Zip Code  | Timeshare Other   | the entireties, or a life   | e estate), if known.  |
|   |   |   | Who has an interest in the property? Check one.                             |   | ommunity property   |
|   |   |   | Debtor 1 only   | Ш   |   |
|   |   |   | Debtor 2 only   |   |   |
|   |   |   | Debtor 1 and Debtor 2 only  |   |   |
|   |   |   | At least one of the debtors and another                                     |   |   |
|   |   |   | Other information you wish to add about the                                 | nis item, such as local   |   |
| If you                                  | own or have more than   | one list here:  | property identification number:   |   |   |
| ,                                       |   | ,   | What is the property? Check all that apply.                                 |   | claims or exemptions. Put                                   |
| 1.2                                     | Street address, if availab  | ole or other description  | Single-family home  |   | red claims on Schedule D: aims Secured by Property.         |
|   | onoot addrood, if availab   | one, or ourse accompliant   | Duplex or multi-unit building   | Current value of the  | Current value of the  |
|   |   |   | Condominium or cooperative  | entire property?  | portion you own?  |
|   |   |   | Manufactured or mobile home  Land   |   |   |
|   | Number Street   |   | Investment property   | Describe the nature o   |   |
|   |   |   | Timeshare   | interest (such as fee s<br>the entireties, or a life              |   |
|   | City State  | e Zip Code  | Other   | -   |   |
|   |   |   | Who has an interest in the property? Check one.                             |   | ommunity property   |
|   |   |   | Debtor 1 only   |   |   |
|   |   |   | Debtor 2 only   |   |   |
|   |   |   | Debtor 1 and Debtor 2 only  |   |   |
|   |   |   | At least one of the debtors and another                                     |   |   |
|   |   |   | Other information you wish to add about the property identification number: | nis item, such as local   |   |

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| Debtor 1                      | Isaac  | J  | Rucker   | Case number (     | "if known)  |   |
|-------------------------------|--|--|--|-------------------|---|---|
|                               | First Name   | Middle Name                              | Last Name  | _                 |   |   |
| 1.3Stre                       | First Name eet address, if available, or other  mber Street            | Middle Name  ner description  Zip Code   |  | poply. E          | Do not deduct secured on the amount of any secured to the amount of any secure to the secure of the | imple, tenancy by<br>estate), if known.   |
|                               | the dollar value of the poi<br>ve attached for Part 1. Wr              | tion you own for                         | Debtor 1 and Debtor 2 only  At least one of the debtors and another information you wish to add all property identification number:  all of your entries from Part 1, included | oout this item, s |   |   |
| <b>Do you ov</b><br>you own t | hat someone else drives. If y<br>ans, trucks, tractors, sport uti<br>o | equitable interes<br>ou lease a vehicle, | st in any vehicles, whether they are realso report it on Schedule G: Executory rcycles   | -                 | •   |   |
| 3.1                           | Make<br>Model:<br>Year:  |  | Who has an interest in the proper one.  Debtor 1 only  |                   | the amount of any secu  | claims or exemptions. Put<br>ired claims on <i>Schedule D:</i><br>iims Secured by Property.                 |
|                               | Approximate mileage: Other information:                                |  | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this is community p instructions)  | another           | Current value of the entire property?   | Current value of the portion you own?   |
| 3.2                           | Make<br>Model:<br>Year:<br>Approximate mileage:                        |  | Who has an interest in the proper one.  Debtor 1 only Debtor 2 only  |                   | the amount of any secu<br>Creditors Who Have Cla  | claims or exemptions. Put tred claims on <i>Schedule D:</i> nims Secured by Property.  Current value of the |
|                               | Other information:   |  | Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and  Check if this is community p instructions)   | another           | Current value of the entire property?   | portion you own?  |

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|     | Isaac<br>First Name                                       | J<br>Middle Name | Rucker<br>Last Name  | Case number                           | 51 (II KIIOWII)                              |  |
|-----|---|------------------|--|---------------------------------------|--|--|
| 3.3 | Make Model: Year: Approximate mileage: Other information: |                  | Who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communitinstructions)   | and another                           | the amount of any secu                       | claims or exemptions. Pured claims on Schedule in the secured by Property  Current value of the portion you own?       |
| 3.4 | Make Model: Year: Approximate mileage: Other information: | <u>=</u>         | Who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  |                                       | the amount of any secu                       | claims or exemptions. Pured claims on Schedule aims Secured by Property  Current value of the portion you own?         |
|     |   |                  | At least one of the debtors a  Check if this is communit instructions)   |                                       |  |  |
|     |   | •                | er recreational vehicles, other v<br>, fishing vessels, snowmobiles, m   | •                                     |  |  |
| Exa | nples: Boats, trailers, motor<br>No<br>Yes                | •                | The state of the s | otorcycle accessori<br>roperty? Check | Do not deduct secured the amount of any secu | claims or exemptions. Pured claims on <i>Schedule a lims Secured by Property</i> Current value of the portion you own? |

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| De       | ebtor 1                 | Isaac<br>First Name               | J<br>Middle Name   | Rucker<br>Last Name              | Case number (if known)          |  |
|----------|-------------------------|-----------------------------------|--|----------------------------------|---------------------------------|--|
| Pa       | rt 3:                   | Describe Y                        | our Personal and Household   |                                  |                                 |  |
| D        | o you                   | own or hav                        | e any legal or equitable inter   | est in any of the following      | g items?                        | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|          | Examp                   | _                                 | and furnishings<br>liances, furniture, linens, china, kitch                                    | nenware                          |                                 |  |
| <u> </u> | No<br>Yes. [            | Describe                          | Used Furniture   |                                  |                                 | \$300.00   |
|          |                         | tronics<br>bles: Televisions      | s and radios; audio, video, stereo, a  | nd digital equipment; compute    | ers, printers, scanners; music  |  |
| <u> </u> |                         | Describe                          | Used Electronics   |                                  |                                 | \$500.00   |
|          | Examp                   |                                   | ue<br>ind figurines; paintings, prints, or ot<br>in, or baseball card collections; othe        |                                  | =                               |  |
|          | No<br>Yes. [            | Describe                          |  |                                  |                                 | ·  |
|          |                         | les: Sports, ph                   | rts and hobbies<br>otographic, exercise, and other hob<br>s; carpentry tools; musical instrume |                                  | ables, golf clubs, skis; canoes | I  |
| <b>✓</b> | No<br>Yes. [            | Describe                          |  |                                  |                                 |  |
|          | <b>0. Fire</b><br>Examp |                                   | es, shotguns, ammunition, and rela   | ated equipment                   |                                 |  |
| <b>✓</b> | No                      |                                   |  |                                  |                                 |  |
|          | Yes. [                  | Describe                          |  |                                  |                                 |  |
|          | 1. Clo<br>Examp         |                                   | clothes, furs, leather coats, designer   | wear, shoes, accessories         |                                 | 1  |
|          | No                      |                                   |  |                                  |                                 | 1  |
| ✓        | Yes. I                  | Describe                          | Used Clothing  |                                  |                                 | \$450.00   |
|          |                         | -                                 | ewelry, costume jewelry, engageme<br>r   | nt rings, wedding rings, heirloc | om jewelry, watches, gems,      |  |
|          | No<br>Yes. [            | Describe                          |  |                                  |                                 |  |
|          |                         | n-farm animal<br>bles: Dogs, cats | s<br>s, birds, horses  |                                  |                                 | 1  |
| ✓        | No                      |                                   |  |                                  |                                 |  |
|          | Yes. [                  | Describe                          |  |                                  |                                 |  |
| 1        | <b>4. Any</b><br>No     | other person                      | al and household items you did r   | not already list, including an   | y health aids you did not list  |  |
|          |                         | Describe                          |  |                                  |                                 |  |
|          |                         |                                   | lue of all of your entries from Par  | rt 3, including any entries fo   | r pages you have attached       | \$1250.00  |

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Rucker Debtor 1 Isaac Case number (if known) Middle Name First Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. **Cash** Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: 5/3rd Bank \$10.00 17.1. Checking account: 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts **✓** No Institution or issuer name: Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture % of ownership: Name of entity Yes. Give specific information about

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| Deb | tor 1 Isaac<br>First Name                         | J<br>Middle Name   | Hucker<br>Last Name        | Case number (if known)                      |  |
|-----|---|--|----------------------------|---|--|
| 20. | Government and corp                               | Middle Name  orate bonds and other negotia include personal checks, cashiers           |                            |   |  |
|     |   | ents are those you cannot transfe  |                            |   |  |
|     | Yes. Give specific information about them         | Issuer name:   |                            |   |  |
|     |   |  |                            |   |  |
|     |   |  |                            |   |  |
|     |   |  |                            |   |  |
| 21. | Retirement or pension<br>Examples: Interests in I |  | ). thrift savings accounts | s, or other pension or profit-sharing plans |  |
|     | ✓ No  |  | ,,                         |   |  |
|     | Yes. List each                                    | Type of account:   | Institution name:          |   |  |
|     | account separately.                               | 401(k) or similar plan:  |                            |   |  |
|     |   | Pension plan:  |                            |   |  |
|     |   | IRA:   |                            |   |  |
|     |   | Retirement account:  |                            |   |  |
|     |   | Keogh:   |                            |   |  |
|     |   | Additional account:  |                            |   |  |
|     |   | Additional account:  | -                          |   |  |
| 22. |   | prepayments<br>d deposits you have made so that<br>with landlords, prepaid rent, publi |                            |   |  |
|     | Yes   | Electric:  |                            |   |  |
|     |   | Gas:   |                            |   |  |
|     |   | Heating oil:   |                            |   |  |
|     |   | Security deposit on rental unit:   |                            |   |  |
|     |   | Prepaid rent:  |                            |   |  |
|     |   | Telephone:   |                            |   |  |
|     |   | Water:   |                            |   |  |
|     |   | Rented furniture:  |                            |   |  |
|     |   | Other:   |                            |   |  |
| 23. | Annuities (A contract for                         | or a periodic payment of money to  | you, either for life or fo | r a number of years)                        |  |
|     | ✓ No  |  |                            |   |  |
|     | Yes   | Issuer name and description:   |                            |   |  |
|     |   |  |                            |   |  |
|     |   |  |                            |   |  |
|     |   |  |                            |   |  |

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| Debt | tor 1 Isaac<br>First Name   | J<br>Middle N  | Rucker  Name Last Name  | Case number (if known)   |  |
|------|---|--|---|--|--|
| 24.  |   |  | ount in a qualified ABLE program, or u                                | nder a qualified state tuition program.  |  |
|      |   | 530(b)(1), 529A(b), and 529(   |   | , , , , , ,  |  |
|      | ✓ No  Yes   | Institution name and descrip   | otion. Separately file the records of any inte                        | erests.11 U.S.C. § 521(c):   |  |
|      |   |  |   |  |  |
|      |   |  |   |  |  |
| 25.  |   | able or future interests in p<br>or your benefit   | roperty (other than anything listed in I                              | ine 1), and rights or powers   |  |
|      | <b>✓</b> No   |  |   |  |  |
|      | Yes. Desc   | ribe   |   |  |  |
| 26.  | Patents con   | wights trademarks trade  | secrets, and other intellectual propert                               |  |  |
| 20.  |   |  | s, proceeds from royalties and licensing a                            |  |  |
|      | ✓ No  |  |   |  |  |
|      | Yes. Desc   | ribe   |   |  |  |
| 27.  | Licenses, fran  | <br>nchises, and other general   | intangibles   |  |  |
|      | •   |  | ses, cooperative association holdings, liqu                           | or licenses, professional licenses   |  |
|      | ✓ No  Yes. Desc   | riha   |   |  |  |
|      | Tes. Desc   | inde   |   |  |  |
|      |   |  |   |  |  |
| Mor  | nev or proper   | ty owed to you?  |   |  | Current value of the   |
| Mor  | ney or proper   | ty owed to you?  |   |  | Current value of the portion you own?  Do not deduct secured claims or exemptions.                           |
|      | ney or proper   |  |   |  | portion you own?   |
|      | Tax refunds ov  | wed to you   |   | Endowle  | portion you own?  Do not deduct secured claims or exemptions.  |
|      | Tax refunds ov  No Yes. Give s about  | wed to you specific information t them, including whether  | anticipated 2016 tax refund   | Federal:   | portion you own? Do not deduct secured claims or exemptions.  \$3000.00                                      |
|      | Tax refunds ov  No Yes. Give s about you a  | wed to you specific information  | anticipated 2016 tax refund   | Federal:<br>State:   | portion you own? Do not deduct secured claims or exemptions.  \$3000.00                                      |
| 28.  | Tax refunds ov  No Yes. Give s abour you a and t  | specific information t them, including whether already filed the returns the tax years   | anticipated 2016 tax refund   |  | portion you own? Do not deduct secured claims or exemptions.  \$3000.00                                      |
| 28.  | Tax refunds ov  No Yes. Give s about you a and t  Family suppor   | specific information t them, including whether already filed the returns he tax years  | anticipated 2016 tax refund spousal support, child support, maintenan | State:<br>Local:   | portion you own? Do not deduct secured claims or exemptions.  \$3000.00  \$0.00                              |
| 28.  | Tax refunds ov  No Yes. Give s about you a and t  Family suppor Examples: Past  | specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, s  | ·   | State:  Local:  ce, divorce settlement, property settlement  | portion you own? Do not deduct secured claims or exemptions.  \$3000.00  \$0.00  \$0.00                      |
| 28.  | Tax refunds ov  No Yes. Give s about you a and t  Family suppor Examples: Past  | specific information t them, including whether already filed the returns he tax years  | ·   | State:  Local:  ce, divorce settlement, property settlement  Alimony:  | portion you own? Do not deduct secured claims or exemptions.  \$3000.00  \$0.00  tt                          |
| 28.  | Tax refunds ov  No Yes. Give s about you a and t  Family suppor Examples: Past  | specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, s  | ·   | State: Local:  ce, divorce settlement, property settlement Alimony: Maintenance:   | portion you own? Do not deduct secured claims or exemptions.  \$3000.00 \$0.00  t  \$0.00 \$0.00             |
| 28.  | Tax refunds ov  No Yes. Give s about you a and t  Family suppor Examples: Past  | specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, s  | ·   | State: Local:  ce, divorce settlement, property settlement Alimony: Maintenance: Support:  | portion you own? Do not deduct secured claims or exemptions.  \$3000.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 |
| 28.  | Tax refunds ov  No Yes. Give s about you a and t  Family suppor Examples: Past  | specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, s  | ·   | State: Local:  ce, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement:                      | \$3000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00   |
| 28.  | Tax refunds ov  No  Yes. Give s about you a and t  Family suppor Examples: Past  ✓ No  Yes. Give s                                  | specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, s  | ,   | State: Local:  ce, divorce settlement, property settlement Alimony: Maintenance: Support:  | portion you own? Do not deduct secured claims or exemptions.  \$3000.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 |
| 28.  | Tax refunds ov  No Yes. Give s about you a and t  Family suppor Examples: Past  No Yes. Give s  Other amount Examples: Unp          | specific information t them, including whether already filed the returns he tax years  | ,   | State: Local:  ce, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$3000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00   |
| 28.  | Tax refunds ov  No  Yes. Give s abour you a and t  Family suppor Examples: Past  ✓ No  Yes. Give s  Other amount Examples: Unp Soci | specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, s specific information s someone owes you aid wages, disability insurance ial Security benefits; unpaid to | spousal support, child support, maintenan                             | State: Local:  ce, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$3000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00   |
| 28.  | Tax refunds ov  No  Yes. Give s abour you a and t  Family suppor Examples: Past  ✓ No  Yes. Give s  Other amount Examples: Unp Soci | specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, s specific information s someone owes you aid wages, disability insurance ial Security benefits; unpaid to | spousal support, child support, maintenan                             | State: Local:  ce, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$3000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00   |

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| Debt   | or 1 Isaac                                     | J                           | Rucker                           | Case number (if known)                        |  |
|--------|--|-----------------------------|----------------------------------|---|--|
|        | First Name                                     | Middle Name                 | Last Name                        |   |  |
| 31.    | Interests in insurance Examples: Health, disab |                             | savings account (HSA); credit, h | omeowner's, or renter's insurance             |  |
|        | No Yes. Name the insu of each policy and I     | rance company               | ompany name:                     | Beneficiary:                                  | Surrender or refund value  |
| 32.    |  |                             |                                  | y, or are currently entitled to receive       |  |
| 33.    |  |                             | ı have filed a lawsuit or made   | a demand for payment                          |  |
|        | Examples: Accidents, en                        | nployment disputes, insural | nce claims, or rights to sue     |   |  |
| 34.    | Other contingent and to set off claims         | unliquidated claims of ev   | ery nature, including counter    | claims of the debtor and rights               |  |
| 35.    | Yes. Describe  Any financial assets your No    | ou did not already list     |                                  |   |  |
| 36.    |  | •                           | Part 4, including any entries fo |   | \$3010.00  |
| Part : |  |                             |                                  | nterest In. List any real estate in Pa        | irt 1.   |
| 37.    | Do you own or have ar                          | ny legal or equitable inter | est in any business-related pr   | operty?                                       |  |
|        | No. Go to Part 6. Yes. Go to line 38.          |                             |                                  |   | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38.    | Accounts receivable of                         | or commissions you alread   | ly earned                        |   |  |
|        | No Yes. Describe                               |                             |                                  |   |  |
| 39.    |  |                             | odems, printers, copiers, fax ma | achines, rugs, telephones, desks, chairs, ele | ectronic devices   |
|        | Yes. Describe                                  |                             |                                  |   |  |

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| Debt         | tor 1 Isaac J  | Rucker                                       | Case number (if known)              |                                       |
|--------------|--|--|-------------------------------------|---------------------------------------|
| 1.0          |  | ddle Name Last Name                          |                                     |                                       |
| 40.          | Machinery, fixtures, equipment, sup                    | plies you use in business, and tools of      | your trade                          |                                       |
|              | ✓ No   |  |                                     |                                       |
|              | Yes. Describe  |  |                                     |                                       |
|              |  |  |                                     | I                                     |
| 41.          | Inventory  |  |                                     |                                       |
|              | No No  |  |                                     |                                       |
|              | Yes. Describe  |  |                                     |                                       |
|              |  |  |                                     |                                       |
|              |  |  |                                     |                                       |
| 42.          | Interests in partnerships or joint ven                 | tures  |                                     |                                       |
|              | ✓ No   | Name of entity:                              | % of ownership:                     |                                       |
|              | Yes. Give specific                                     | ramo or orany.                               | , or own army.                      |                                       |
|              | information about them                                 |  |                                     | _                                     |
|              |  |  |                                     | _                                     |
|              |  |  |                                     |                                       |
| 43. <b>(</b> | Customer lists, mailing lists, or other                | compilations                                 |                                     | <del>-</del>                          |
|              | <b>✓</b> No  |  |                                     |                                       |
|              |  | ly identifiable information (as defined in 1 | 1 U.S.C. § 101(41A))?               |                                       |
|              |  |  |                                     |                                       |
|              | No No December   |  |                                     |                                       |
|              | Yes. Describe  |  |                                     |                                       |
| 44.          | Any business-related property you d                    | id not already list                          |                                     |                                       |
|              | <b>✓</b> No  |  |                                     |                                       |
|              | Yes. Give specific                                     |  |                                     | <del></del>                           |
|              | information  |  |                                     |                                       |
|              |  |  |                                     |                                       |
|              |  |  |                                     |                                       |
|              |  |  |                                     | <del></del>                           |
|              |  |  |                                     | <del></del>                           |
|              |  |  |                                     |                                       |
|              |  |  |                                     |                                       |
|              |  | es from Part 5, including any entries f      |                                     |                                       |
|              | art 5. Write that number here                          |  |                                     |                                       |
| Part         |  |  | rty You Own or Have an Interest In. |                                       |
|              | If you own or have an interest in farmla               | and, list it in Part 1.                      |                                     |                                       |
| 46.          | Do you own or have any legal or equ                    | iitable interest in any farm- or comme       | rcial fishing-related property?     |                                       |
|              | No. Go to Part 7.                                      |  |                                     | Current value of the portion you own? |
|              | Yes. Go to line 47.                                    |  |                                     | Do not deduct secured claims          |
|              |  |  |                                     | or exemptions                         |
| 47.          | Farm animals  Examples: Livestock, poultry, farm-raise | ed fish                                      |                                     |                                       |
|              | N-   |  |                                     |                                       |
|              | ✓ No Yes. Describe                                     |  |                                     |                                       |
|              | LI 163. Describe                                       |  |                                     |                                       |
|              |  |  |                                     |                                       |

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| Deb          | tor 1 Isaac<br>First Name  | J<br>Middle Name                     | Last Name                 | Case number (if known)       |                  |
|--------------|----------------------------|--------------------------------------|---------------------------|------------------------------|------------------|
| 40           |                            |                                      | Last Name                 |                              |                  |
| 48.          | Crops-either growing       | or narvested                         |                           |                              |                  |
|              | <b>✓</b> No                |                                      |                           |                              |                  |
|              | Yes. Describe              |                                      |                           |                              |                  |
|              |                            |                                      |                           |                              |                  |
| 49           | Farm and fishing equir     | oment, implements, machinery, fi     | xtures and tools of trad  | <b>A</b>                     |                  |
| 10.          |                            | ,                                    | Acuros, una costo or crua | •                            |                  |
|              | No                         |                                      |                           |                              |                  |
|              | Yes. Describe              |                                      |                           |                              |                  |
|              |                            |                                      |                           |                              |                  |
| 50.          | Farm and fishing suppl     | ies, chemicals, and feed             |                           |                              |                  |
|              | <b>√</b> No                |                                      |                           |                              |                  |
|              | Yes. Describe              |                                      |                           |                              |                  |
|              | Too: Booonbo               |                                      |                           |                              |                  |
|              |                            |                                      |                           |                              |                  |
| 51.          | Any farm- and comme        | rcial fishing-related property you   | did not already list      |                              |                  |
|              | <b>✓</b> No                |                                      |                           |                              |                  |
|              | Yes. Describe              |                                      |                           |                              |                  |
|              |                            |                                      |                           |                              |                  |
|              |                            | <del></del>                          |                           | Г                            |                  |
|              |                            | l of your entries from Part 6, incl  |                           |                              |                  |
| for Pa       | art 6. Write that number   | here                                 |                           |                              |                  |
|              |                            |                                      |                           |                              |                  |
|              |                            |                                      |                           |                              |                  |
| Part         | 7: Describe All Pro        | perty You Own or Have an Ir          | nterest in That You Did   | d Not List Above             |                  |
|              |                            | perty of any kind you did not alre   |                           |                              |                  |
| 55.          |                            | s, country club membership           | auy list:                 |                              |                  |
|              | ✓ No                       |                                      |                           |                              | 1                |
|              | Yes. Give specific         |                                      |                           |                              |                  |
|              | information                |                                      |                           |                              |                  |
|              |                            |                                      |                           |                              |                  |
|              |                            |                                      |                           |                              |                  |
| 54 A         | dd the dollar value of al  | Lof your entries from Part 7 Writ    | te that number here       |                              | <b>•</b>         |
| 04.7         | du the donar value of a    | r or your chances nomin and 7. while | to that humber here him   |                              |                  |
|              |                            |                                      |                           |                              |                  |
|              |                            |                                      |                           |                              |                  |
|              |                            |                                      |                           |                              |                  |
|              |                            |                                      |                           |                              |                  |
| Part         | 8: List the Totals of      | Each Part of this Form               |                           |                              |                  |
| 55           | Part 1: Total real estate  | , line 2                             |                           | <b>•</b>                     |                  |
|              |                            | ,                                    |                           |                              |                  |
| 56.          | part 2 total vehicles, lin | e 5                                  |                           | <u></u>                      |                  |
| 57. <b>F</b> | Part 3: Total personal an  | d household items, line 15           | \$1250.00                 |                              |                  |
| 58. <b>F</b> | Part 4: Total financial as | sets, line 36                        | <del></del>               | <del></del>                  |                  |
|              |                            |                                      | \$3010.00                 | <del></del>                  |                  |
|              | Part 5: Total business-re  |                                      |                           | <u></u>                      |                  |
| 60.          | Part 6: Total farm- and f  | ishing-related property, line 52     |                           | <u></u>                      |                  |
| 61.          | Part 7: Total other prop   | erty not listed, line 54             |                           |                              |                  |
| 62.          | Total personal property.   | Add lines 56 through 61              |                           |                              | <b>0.1000.05</b> |
|              | , , , , , , , , , , , ,    | . J                                  | \$4260.00                 | Copy personal property total | + \$4260.00      |
|              |                            |                                      |                           |                              |                  |
| 00 -         | latal at all               | abadda A/D Addr. 55 P. CC            |                           |                              | \$4260.00        |
| 63. <b>T</b> | οται of all property on S  | chedule A/B. Add line 55 + line 62   |                           |                              | 1                |

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|  |  |  | Doo  |  |  |   |
|--|--|--|--|--|--|---|
| Fill                                   | n this infor   | mation to identify your cas  | se:  |  |  |   |
| Deb                                    | tor 1  | Isaac  | J  | Rucker   |  |   |
| Deb                                    | tor 2  | First Name   | Middle Name  | Last Name  |  |   |
|  | use, if filing)  | First Name   | Middle Name  | Last Name  |  |   |
| Uni                                    | ed States B  | ankruptcy Court for the:   | Northern   | District of Illinois (State)   |  |   |
| Cas<br>(If kn                          | e number<br>own)   |  |  | (Glate)  |  |   |
| Of                                     | ficial   | Form 106C  |  |  | _  | Check if this is amended filing   |
| Sc                                     | hedul  | e C: The Prope   | erty You Claim   | as Exempt  |  | 12/1  |
|  | e a speci  |  |  |  |  | the property being exempted up to<br>hts to receive certain benefits, and |
| the<br>tax-<br>und<br>you              | exempt rer a law to rexemption  t 1: Iden  Which set   | etirement funds—may hat limits the exempti on would be limited to tify the Property You of the following state and federal entirements are the state and federal entirements.  | y be unlimited in dolla<br>on to a particular doll<br>o the applicable statut<br>Claim as Exempt<br>claiming? Check one only,<br>deral nonbankruptcy exe   | r amount. However, ar amount and the vaory amount.  even if your spouse is fillimptions. 11 U.S.C. § 52  | if you claim an exempalue of the property is   | ption of 100% of fair market value  |
| the<br>tax-<br>und<br>you              | exempt rer a law to exemption exemption to the company of the comp | etirement funds—may<br>hat limits the exempti<br>on would be limited to<br>tify the Property You o   | y be unlimited in dolla<br>on to a particular doll<br>o the applicable statut<br>Claim as Exempt<br>claiming? Check one only,<br>deral nonbankruptcy exemptions. 11 U.S.C. § 522(I   | r amount. However, ar amount and the valory amount.  even if your spouse is fillimptions. 11 U.S.C. § 52 (2)   | if you claim an exemplature of the property is alue of the property is any with you.  (2(b)(3)   |   |
| the<br>tax-<br>und<br>you<br>Par<br>1. | exempt rer a law trexemption exemption to the complete treatment of th | etirement funds—may hat limits the exemption would be limited to tify the Property You or of exemptions are you care claiming state and fedure claiming federal exemptions   | y be unlimited in dolla on to a particular doll of the applicable statute. Claim as Exempt  Claiming? Check one only, deral nonbankruptcy exemptions. 11 U.S.C. § 522(laule A/B that you claim as the control of the con | r amount. However, ar amount and the valory amount.  even if your spouse is fill mptions. 11 U.S.C. § 52 (2) (2) (3) (4) (4) (4) (4) (4) (5) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7  | if you claim an exemplatue of the property is alue of the property is any with you.  2(b)(3)  The mation below.  | ption of 100% of fair market value  |
| the<br>tax-<br>und<br>you<br>Par<br>1. | exempt rer a law trexemption exemption to the resemption of the re | etirement funds—may hat limits the exemption would be limited to tify the Property You of the exemptions are you care claiming state and fed are claiming federal exemptoperty you list on Scheductiption of the property and the exemption of the e | y be unlimited in dolla on to a particular doll of the applicable statut. Claim as Exempt  Plaiming? Check one only, deral nonbankruptcy exemptions. 11 U.S.C. § 522(Inde A/B that you claim as the portion you own  Copy the value fro Schedule A/B   | r amount. However, ar amount and the valory amount.  even if your spouse is fill mptions. 11 U.S.C. § 52 (2) (2) (3) (4) (4) (4) (4) (4) (5) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7  | if you claim an exemplatue of the property is alue of the property is any with you.  2(b)(3)  The mation below.  | ption of 100% of fair market value<br>is determined to exceed that amoun  |
| the<br>tax-<br>und<br>you<br>Par<br>1. | exempt rer a law treer a law t | etirement funds—may hat limits the exemption would be limited to tify the Property You of the exemptions are you care claiming state and fed are claiming federal exemptions of the property are chedule A/B that lists this the care of the exemption of the property are chedule A/B that lists this the care of the exemption of the property are the dule A/B that lists this the care of the exemption of the property are the dule A/B that lists this this the care of the exemption of the property are the dule A/B that lists this this this this think the exemption of the property are the dule A/B that lists this this think the exemption of the property are the dule A/B that lists this think the exemption of the property are the dule A/B that lists this think the exemption of the property are the dule A/B that lists this think the exemption of the property are the exemption of the exemptio | y be unlimited in dolla on to a particular doll of the applicable statut of the applicable statut of the applicable statut of the applicable statut of the prize of the portion of the portion you own   | even if your spouse is filling mptions. 11 U.S.C. § 52 (2) (2) (3) (4) (4) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7  | if you claim an exemplature of the property is alue of the property is any with you.  2(b)(3)  The property is alue of the pro | ption of 100% of fair market value is determined to exceed that amoun     |
| the<br>tax-<br>und<br>you<br>Par<br>1. | exempt rer a law treer a law t | etirement funds—may hat limits the exemption would be limited to tify the Property You of the exemptions are you care claiming state and fed are claiming federal exemptions of the property are chedule A/B that lists this federal exemption of the property are chedule A/B that lists this federal exemption of the property are chedule A/B that lists this federal exemption of the property are chedule A/B that lists this federal exemption of the property are chedule A/B that lists this federal exemption of the property are chedule A/B that lists this federal exemption of the property are chedule A/B that lists this federal exemption of the property are chedule A/B that lists this federal exemption of the property are chedule A/B that lists this federal exemption of the property are chedule A/B that lists this federal exemption of the property are chedule A/B that lists this federal exemption of the property are chedule A/B that lists this federal exemption of the property are chedule A/B that lists this federal exemption of the property are chedule A/B that lists this federal exemption of the property are chedule A/B that lists this federal exemption of the property are chedule A/B that lists this federal exemption of the property are chedule A/B that lists this federal exemption of the property are chedule A/B that lists this federal exemption of the property are chedule A/B that lists this federal exemption of the property are chedule are | y be unlimited in dolla on to a particular doll of the applicable statut. Claim as Exempt  Plaiming? Check one only, deral nonbankruptcy exemptions. 11 U.S.C. § 522(Inde A/B that you claim as the portion you own  Copy the value fro Schedule A/B   | even if your spouse is filling mptions. 11 U.S.C. § 52 (2) (2) (3) (4) (4) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7  | if you claim an exemplatue of the property is alue of the property is any with you.  2(b)(3)  The property is alue of the property is alue of the property is alue.  The property is alue of the property is alue.  \$300.00  arket value, up to any   | ption of 100% of fair market value is determined to exceed that amoun     |
| the<br>tax-<br>und<br>you<br>Par<br>1. | exempt rer a law to rexemption to the rexemption of the result of the re | etirement funds—may hat limits the exemption would be limited to tify the Property You of the following state and fed are claiming state and fed are claiming federal exemptions of the property are the dule A/B that lists this furniture  | y be unlimited in dolla on to a particular doll of the applicable statut of the applicable statut of the applicable statut of the prize of the prize of the portion you own  Copy the value fro Schedule A/B  \$300.00   | even if your spouse is fillimptions. 11 U.S.C. § 52 (2) (2) Sexempt, fill in the information of the exemology of the control of the exemplication of th | if you claim an exemplatue of the property is alue of the property is any with you.  2(b)(3)  The property is alue of the property is alue of the property is alue.  The property is alue of the property is alue.  \$300.00  arket value, up to any   | ption of 100% of fair market value is determined to exceed that amoun     |
| the<br>tax-<br>und<br>you<br>Par<br>1. | exempt rer a law to rexemption to the recent | etirement funds—may hat limits the exemption would be limited to tify the Property You of the following state and fed are claiming state and fed are claiming federal exemptions of the property are the dule A/B that lists this furniture  | y be unlimited in dolla on to a particular doll of the applicable statut. Claim as Exempt  Plaiming? Check one only, deral nonbankruptcy exemptions. 11 U.S.C. § 522(Inde A/B that you claim as the portion you own  Copy the value fro Schedule A/B   | even if your spouse is fillingtions. 11 U.S.C. § 52 (2) (2) Sexempt, fill in the information of the exemplation of the exemplat | if you claim an exemplatue of the property is alue of the property is any with you.  2(b)(3)  The property is alue of the property is alue of the property is alue.  The property is alue of the property is alue.  \$300.00  arket value, up to any   | Specific laws that allow exemption  735 ILCS 5/12-1001(b)                 |

☐ No Yes

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

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| Debtor 1 Isaac  | -             | Rucker Case number (if known)   | -                                  |
|---|---------------|---|------------------------------------|
| First Name  Part 2: Additional Page   | Middle Name L | ast Name  |                                    |
| Brief description of the property a line on Schedule A/B that lists thi property    |               | Amount of the exemption you claim  Check only one box for each exemption.   | Specific laws that allow exemption |
| Brief description:  Used Clothing  Line from Schedule A/B:  11                      | \$450.00      | \$450.00  100% of fair market value, up to any applicable statutory limit   | 735 ILCS 5/12-1001(a)              |
| Brief description: Federal, anticipated 2016 tax refund  Line from Schedule A/B: 28 | \$3,000.00    | \$3,000.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |
| Brief description:  Checking account, 5/3rd Bank  Line from Schedule A/B: 17        | \$10.00       | \$10.00  100% of fair market value, up to any applicable statutory limit    | 735 ILCS 5/12-1001(b)              |

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| Fill in this in    | formation to identify your     | case:   |   |  |                                   |                                    |
|--------------------|--------------------------------|---|---|--|-----------------------------------|------------------------------------|
| Debtor 1           | Isaac                          | J   | Rucker  |  |                                   |                                    |
|                    | First Name                     | Middle Name   | Last Name   |  |                                   |                                    |
| Debtor 2           |                                |   |   |  |                                   |                                    |
| (Spouse, if filing | First Name                     | Middle Name   | Last Name   |  |                                   |                                    |
| United State       | es Bankruptcy Court for the    | : Northern  | District of Illinois  |  |                                   |                                    |
|                    |                                |   | (State)   |  |                                   |                                    |
| Case numb          | er                             |   |   |  |                                   |                                    |
| Officia            | l Form 106D                    |   |   | J  |                                   | Check if this is an amended filing |
| Sched              | dule D: Cred                   | itors Who Ha  | ve Claims Secure  | ed by Prop   | erty                              | 12/15                              |
| more space         |                                |   | e are filing together, both are equ<br>nber the entries, and attach it to t |  |                                   |                                    |
| 1. Do an           | y creditors have claims        | secured by your proper  | ty?   |  |                                   |                                    |
| ✓ No               | o. Check this box and su       | bmit this form to the court v                                     | with your other schedules. You have   | e nothing else to rep                                  | ort on this form.                 |                                    |
|                    | es. Fill in all of the informa | tion below.   |   |  |                                   |                                    |
| Part 1: Li         | st All Secured Claims          | ;   |   |  |                                   |                                    |
|                    |                                |   | red claim, list the creditor separately                                     | Column A   | Column B                          | Column C                           |
|                    |                                | reditor has a particular claim,<br>n alphabetical order according | list the other creditors in Part 2. As g to the creditor's name.            | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports | Unsecured portion                  |

this claim

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| ⊏ill iv    | thic infor                           | mation to identify your o   | 2000;   |   |   |                          |                                 |                                |
|------------|--------------------------------------|---|---|---|---|--------------------------|---------------------------------|--------------------------------|
| 1 111 11   | 1 11115 11 1101                      | mation to identity your c   | ase.  |   |   |                          |                                 |                                |
| Debt       | or 1                                 | Isaac   | J   | Rucker  |   |                          |                                 |                                |
|            | _                                    | First Name  | Middle Name   | Last Name   |   |                          |                                 |                                |
| Debt       | or 2<br>se, if filing)               | First Name a  | Middle Nesses   | L ant Manna   |   |                          |                                 |                                |
| (Spot      | 156, 11 IIII119 <i>)</i>             | First Name  | Middle Name   | Last Name   |   |                          |                                 |                                |
| Unite      | ed States E                          | Sankruptcy Court for the:   | Northern  | District of Illinois  |   |                          |                                 |                                |
|            |                                      |   |   | (State)   |   |                          |                                 |                                |
| (If kno    | number<br>wn)                        |   |   |   |   |                          |                                 |                                |
| Off        | icial F                              | orm 106E/F  |   |   |   | Ch                       | eck if this is ar               | n amended filing               |
| OII        | iciai i                              | OIIII TOOL/I  |   |   |   |                          |                                 |                                |
| Sc         | hedu                                 | ule E/F: Cre  | editors Who   | <b>Have Unse</b>  | <b>ecured Claims</b>  |                          |                                 | 12/15                          |
| Form claim | 106A/B) as that are ntries in ton).  | and on Schedule G: Exe<br>elisted in Schedule D: C<br>he boxes on the left. At            | ecutory Contracts and Un<br>Creditors Who Hold Claims | expired Leases (Officia<br>s Secured by Property.                                       | n. Also list executory contract:<br>I Form 106G). Do not include a<br>If more space is needed, copy<br>e top of any additional pages, v | ny credito<br>the Part y | rs with partia<br>ou need, fill | ally secured<br>it out, number |
| 1.         | Do any c                             | reditors have priority ur   | nsecured claims against y                             | ou?   |   |                          |                                 |                                |
|            | No. 0                                | Go to Part 2.   |   |   |   |                          |                                 |                                |
|            | Yes.                                 |   |   |   |   |                          |                                 |                                |
| 2.         | listed, idea<br>As much<br>Continuat | ntify what type of claim it<br>as possible, list the claims<br>ion Page of Part 1. If mor | is. If a claim has both priori                        | ty and nonpriority amoust<br>ding to the creditor's nar<br>particular claim, list the c |   | both priorit             | y and nonpric                   | ority amounts.                 |
|            |                                      |   |   |   |   | Total                    | Priority                        | Nonpriority                    |

amount

claim

amount

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| Debto  | 1 Isaac<br>First Name  | J<br>Middle Name                                      | Rucker<br>Last Name | Case number (if known)  |             |  |  |  |  |  |  |
|--------|--|---|---------------------|---|-------------|--|--|--|--|--|--|
| Part 2 | List All of Your NONPR   |   | l Claims            |   |             |  |  |  |  |  |  |
| 3. D   | <ul> <li>No. You have nothing to report in this part. Submit this form to the court with your other schedules.</li> <li>✓ Yes.</li> </ul>  |   |                     |   |             |  |  |  |  |  |  |
| P      | age of Part 2.   |   |                     |   | Total alaim |  |  |  |  |  |  |
| 4.1    | Allied Interstate LLC Nonpriority Creditor's Name PO Box 361596 Number Street  |   | w                   | st 4 digits of account number 2884 nen was the debt incurred? 05/2016 of the date you file, the claim is: Check all that apply.   | Total claim |  |  |  |  |  |  |
|        | Columbus Oh City Sta Who incurred the debt? Chec Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 onl At least one of the debtors Check if this claim relateds the claim subject to offset No Yes   | te Zip (ck one.  y  and another  es to a community de | Code L              | Contingent Unliquidated Disputed pe of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  001 Collection; Collecting for ORIGINAL CREDITOR: DISH Other. Specify NETWORK L.L.C  |             |  |  |  |  |  |  |
| 4.2    | City Sta Who incurred the debt? Chec Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 onl At least one of the debtors Check if this claim related to the claim subject to offset No Yes   | y<br>and another<br>es to a community de              | As As Code          | nen was the debt incurred?  10/2015  of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  pe of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Collection; Collecting for ORIGINAL CREDITOR: 10 COMMONWEALTH EDISON Other. Specify  COMPANY |             |  |  |  |  |  |  |
| 4.3    | Chase Nonpriority Creditor's Name Po Box 9001871 Number Street  Louisville Ker City Star Who incurred the debt? Chec ✓ Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors Check if this claim related is the claim subject to offset ✓ No Yes | y<br>and another<br>es to a community de              | As As Code          | nen was the debt incurred?  of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  pe of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  NSF Fees  | \$35.00     |  |  |  |  |  |  |

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Rucker Debtor 1 Isaac Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 City of Chicago - Parking and red Light Tickets \$7,400.00 Last 4 digits of account number Nonpriority Creditor's Name Department of Revenue - PO Box 88292 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60680 Chicago Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ Tickets Is the claim subject to offset? **✓** No Yes **CREDITORS DISCOUNT & A** \$313.00 4739 Last 4 digits of account number \_ Nonpriority Creditor's Name When was the debt incurred? 06/2015 415 E MAIN ST Number As of the date you file, the claim is: Check all that apply. Contingent STREATOR 61364 Illinois Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts 001 Collection; Collecting for Is the claim subject to offset? **V** ORIGINAL CREDITOR: MEDICAL **✓** No PAYMENT DATA Other, Specify Yes **ENHANCED RECOVERY COLLECTIONS** \$711.00 Last 4 digits of account number 9494 Nonpriority Creditor's Name 8014 BAYBERRY RD When was the debt incurred? 12/2016 Number As of the date you file, the claim is: Check all that apply. Contingent JACKSONVILLE 32256 Florida Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt

✓ No Yes

Is the claim subject to offset?

001 Collection; Collecting for

Other. Specify ORIGINAL CREDITOR: DISH

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Rucker Debtor 1 Isaac Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 FRANKLIN COLLECTION SV \$416.00 Last 4 digits of account number 2518 Nonpriority Creditor's Name When was the debt incurred? 11/2016 2978 W Jackson St Number As of the date you file, the claim is: Check all that apply. Contingent Tupelo Mississippi 38801 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? Other. Specify ORIGINAL CREDITOR: AT T **✓** No Yes I C SYSTEM INC \$437.00 Last 4 digits of account number 7349 Nonpriority Creditor's Name PO BOX 64378 When was the debt incurred? 08/2016 Number As of the date you file, the claim is: Check all that apply. Contingent SAINT PAUL Minnesota 55164 Unliquidated City Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only **|** Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? **V** ORIGINAL CREDITOR: **✓** No Other. Specify COMCAST Yes MONEY RECOVERY NATIONW 4.9 \$233.00 Last 4 digits of account number Nonpriority Creditor's Name 8155 EXECUTIVE CT STE 10 When was the debt incurred? 08/2012 Number Street As of the date you file, the claim is: Check all that apply. Contingent LANSING 48917 Michigan Unliquidated City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar

No

Yes

Check if this claim relates to a community debt

Is the claim subject to offset?

debts

Other. Specify \_\_\_\_

001 Collection; Collecting for

ORIGINAL CREDITOR: MEDICAL

PAYMENT DATA

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Rucker Debtor 1 Isaac Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 PLAZA SERVIC \$398.00 Last 4 digits of account number 1178 Nonpriority Creditor's Name When was the debt incurred? 10/2016 110 Hammond Dr Ste 110 Number Street As of the date you file, the claim is: Check all that apply. Contingent Atlanta Georgia 30328 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collection; Collecting for Is the claim subject to offset? **| ORIGINAL CREDITOR: 12 ✓** No Other. Specify CHECKINTOCASH Yes 4.11 **SNCHNFIN** \$200.00 Last 4 digits of account number 9J2B Nonpriority Creditor's Name 1900 Hassell Rd When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Hoffman Est Illinois 60169 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collection; Collecting for Is the claim subject to offset? **✓** ORIGINAL CREDITOR: 04 CITY **✓** No Other. Specify OF BERWYN Yes SOURCE RECEIVABLES MNG 4.12 \$692.00 Last 4 digits of account number Nonpriority Creditor's Name 4615 DUNDAS DR STE 102 When was the debt incurred? 08/2016 Number Street As of the date you file, the claim is: Check all that apply. Contingent **GREENSBORO** North Carolina 27407 Unliquidated City Zip Code Who incurred the debt? Check one Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts 001 Collection; Collecting for Is the claim subject to offset? ORIGINAL CREDITOR: PEOPLES
GAS LIGHT COKE CO No

Yes

Other. Specify \_\_\_\_

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| Debtor 1 | Isaac<br>First Name   | J<br>Middle Name              | Rucker<br>Last Name | Case number (if known)  | _ |
|----------|---|-------------------------------|---------------------|---|---|
| Part 2:  | Your NONPRIORITY Unse   | cured Claims - Conti          | nuation Page        |   |   |
| 4        | After listing any entries on this   | page, number them beg         | inning with 4.5, fo | followed by 4.6, and so forth. Total claim  |   |
| 1        | US DEPT OF ED/GLELSI Nonpriority Creditor's Name 2401 INTERNATIONAL LN Number Street  |                               | When                | 4 digits of account number 8581 \$7,528.00  was the debt incurred? 04/2012  the date you file, the claim is: Check all that apply.  | - |
|          | MADISON Wiscol City State Who incurred the debt? Check of  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors an  Check if this claim relates of the claim subject to offset?  ✓ No  Yes | Zip Code<br>one.<br>d another | Type of did         | inliquidated insputed of NONPRIORITY unsecured claim: tudent loans obligations arising out of a separation agreement or ivorce that you did not report as priority claims tebts to pension or profit-sharing plans, and other similar ther. Specify |   |

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| Debtor 1             | Isaac<br>First Name                |  | J<br>Middle Name       | Rucker<br>Last Name                         | Case no                                   | umber (if known)   |
|----------------------|------------------------------------|--|------------------------|---|---|--|
| art 3:               | List Others to                     | Be Notified A                              | bout a Debt That \     | You Already Listed                          | d   |  |
| coll<br>coll<br>cred | ection agency i<br>ection agency l | is trying to colled<br>here. Similarly, if | ct from you for a debt | t you owe to someon<br>one creditor for any | ne else, list the or<br>of the debts that | u already listed in Parts 1 or 2. For example, if a riginal creditor in Parts 1 or 2, then list the tyou listed in Parts 1 or 2, list the additional 2, do not fill out or submit this page. |
| Nam                  | 16                                 |  |                        | On which entry                              | in Part 1 or Part                         | 2 did you list the original creditor?  |
|                      | W. Jackson # 6<br>mber Street      | 600  |                        | Line 4.4                                    | of (Check<br>one):                        | Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims   |
| <u>Chi</u><br>City   | cago                               | Illinois<br>State                          | 60604<br>Zip Code      | Last 4 digits of                            | account number                            |  |

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 Debtor 1
 Isaac
 J
 Rucker
 Case number (if known)

 First Name
 Middle Name
 Last Name

#### Part 4: Add the Amounts for Each Type of Unsecured Claim Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 Total claims 6a. Domestic support obligations. from Part 1 \$0.00 6b. Taxes and certain other debts you owe the government \$0.00 6c. Claims for death or personal injury while you were intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$0.00 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$7,528.00 **Total claims** 6f. Student loans from Part 2 \$0.00 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims \$0.00 6h. Debts to pension or profit-sharing plans, and other similar \$12,341.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. \$19,869.00 6j. Total. Add lines 6f through 6i.

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| Fill in this infor  | mation to identify your c | ase:        |                              |
|---------------------|---------------------------|-------------|------------------------------|
| Debtor 1            | Isaac                     | J           | Rucker                       |
|                     | First Name                | Middle Name | Last Name                    |
| Debtor 2            |                           |             |                              |
| (Spouse, if filing) | First Name                | Middle Name | Last Name                    |
| United States E     | Sankruptcy Court for the: | Northern    | District of Illinois (State) |
| Case number         |                           |             | Giatoy                       |

#### Official Form 106G

#### Check if this is an amended filing

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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|                        |  | 50  | ournoin rag               | 0 02 0. 70                       |  |
|------------------------|--|---|---------------------------|----------------------------------|--|
| Fill in this infor     | mation to identify your o                | case:   |                           |                                  |  |
| Debtor 1               | Isaac                                    | J   | Rucker                    |                                  |  |
|                        | First Name                               | Middle Name   | Last Name                 |                                  |  |
| Debtor 2               |  |   |                           |                                  |  |
| (Spouse, if filing)    | First Name                               | Middle Name   | Last Name                 |                                  |  |
| United States I        | Bankruptcy Court for the:                | Northern  | District of Illinois      |                                  |  |
| 0                      |  |   | (State)                   |                                  |  |
| Case number (If known) |  |   |                           |                                  |  |
| Official               | Form 106H                                |   |                           |                                  | Check if this is an amended filing           |
|                        | e H: Your Co                             | debtors   |                           |                                  | 12/15  |
| 1. Do you ha           | ave any codebtors? (If y                 | ou are filing a joint case, do  | not list either spouse as | a codebtor.)                     |  |
| Idaho, Lo<br>No.       | uisiana, Nevada, New Me<br>Go to line 3. | lived in a community pro<br>xico, Puerto Rico, Texas, W<br>er spouse, or legal equiva | ashington, and Wisconsi   | n.)                              | and territories include Arizona, California, |
|                        | Yes. In which communi                    | ty state or territory did yo  | u live?                   | Fill in the name and curren      | t address of that person.                    |
|                        | Name of your spouse,                     | former spouse, or legal equ   | ivalent                   |                                  |  |
|                        | Number Street                            |   |                           |                                  |  |
|                        | City                                     | State   | Zip Co                    | ode                              |  |
| 3. In Colum            | n 1, list all of your code               |   |                           | if your spouse is filing with yo | ou. List the person shown in line 2          |

again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Column 1: Your codebtor

Check all schedules that apply:

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|  | 20  | ournoine .      | . ago oo         |              |   |
|--|---|-----------------|------------------|--------------|---|
| Fill in this information to identify                                     | your case:  |                 |                  |              |   |
| Debtor 1 Isaac   | J   | Rucke           | er               |              |   |
| First Name   | Middle Name   | Last N          | ame              | — Che        | eck if this is:   |
| Debtor 2 (Spouse, if filing) First Name                                  | Middle Name   | Last N          | ame              | - I п        | An amended filing   |
| United States Bankruptcy Court for                                       |   | District of Ill | inois            |              | A supplement showing post-petition chapter 1 expenses as of the following date:                                     |
| the:<br>Case number  |   | (8              | State)           |              |   |
| (If known)   |   |                 |                  |              | MM / DD / YYYY  |
| Official Form 106I   |   |                 |                  |              |   |
| Schedule I: Your In  | come  |                 |                  |              | 12/1  |
| information about your spouse.   | If you are separated an<br>d, attach a separate she<br>ry question. | d your spou     | se is not filing | with you, do | r spouse is living with you, include<br>not include information about your<br>ional pages, write your name and case |
| Fill in your employment  |   | Debtor 1        |                  |              | Debtor 2  |
| information.   | Employment status   | <b>✓</b> Emplo  | ved              |              | Employed  |
| If you have more than one job, attach a separate page with               |   | -               | nployed          |              | Not Employed  |
| information about additional employers.                                  | Occupation  | K9 Officer      |                  |              |   |
| Include part time, seasonal, or self-employed work.                      | Employer's name   | Action K-9      | Security, Inc.   |              |   |
| Occupation may include student   | Employer's address  | 2916 Wes        | t Lake Street    |              |   |
| or homemaker, if it applies.   |   | Number St       | reet             |              | Number Street   |
|  |   |                 |                  |              |   |
|  |   | Chicago         | Illinois         | 60612        | _   |
|  |   | City            | State            | Zip Code     | City State Zip Code   |
|  | How long employed there?  | 1 month         |                  |              |   |
| Part 2: Give Details About I   | Monthly Income  |                 |                  |              |   |
| spouse unless you are separated.   | re more than one employer,  |                 | information for  |              | write \$0 in the space. Include your non-filing or that person on the lines below. If you need  For Debtor 2 or     |
| List monthly gross wages, sal<br>deductions.) If not paid monthly<br>be. |   |                 | 2.               | \$1,859.00   | non-filing spouse   |
| 3. Estimate and list monthly over  | ertime pay.   |                 | 3.               | + \$0.00     |   |
| 4. Calculate gross income. Add   | line 2 + line 3.  |                 | 4.               | \$1,859.00   |   |

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| Debto                 | r 1 Isaac J  | Rucker                   | Case number (if        |                                   |                         |
|-----------------------|--|--------------------------|------------------------|-----------------------------------|-------------------------|
|                       | First Name Middle Name   | Last Name                | For Debtor 1           | For Debtor 2 or non-filing spouse |                         |
| Cop                   | y line 4 here  | <b>→</b> 4. <sup>■</sup> | \$1,859.00             |                                   |                         |
|                       | all payroll deductions:  |                          |                        |                                   |                         |
| 5a.                   | Tax, Medicare, and Social Security deductions  | 5a.                      | \$365.47               |                                   |                         |
| 5b.                   | Mandatory contributions for retirement plans   | 5b.                      | \$0.00                 |                                   |                         |
| 5c.                   | Voluntary contributions for retirement plans   | 5c.                      | \$0.00                 |                                   |                         |
| 5d.                   | Required repayments of retirement fund loans   | 5d.                      | \$0.00                 |                                   |                         |
| 5e.                   | Insurance  | 5e.                      | \$0.00                 |                                   |                         |
| 5f. I                 | Domestic support obligations   | 5f.                      | \$0.00                 |                                   |                         |
| 5g.                   | Union dues   | 5g.                      | \$0.00                 |                                   |                         |
| 5h.                   | Other deductions. Specify: Uniform Costs   | 5h. +                    | \$86.67 +              | ·                                 |                         |
| 6. <b>Add</b><br>+5h. | the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5c + 5d + 5e + 5b + 5c + 5d + 5e + 5c + 5d + 5e + 5e + 5e + 5e + 5e + 5e + 5e$   | 5f + 5g 6.               | \$452.14               |                                   |                         |
| 7. Calc               | culate total monthly take-home pay. Subtract line 6 from lin   | ne 4. 7.                 | \$1,406.86             | <del></del>                       |                         |
| 8. List               | all other income regularly received:   |                          |                        |                                   |                         |
|                       | Net income from rental property and from operating a business, profession, or farm   |                          |                        |                                   |                         |
|                       | Attach a statement for each property and business showing<br>gross receipts, ordinary and necessary business expenses, an<br>the total monthly net income.   | d<br>8a.                 | \$0.00                 |                                   |                         |
| 8b.                   | Interest and dividends   | 8b.                      | \$0.00                 |                                   |                         |
|                       | Family support payments that you, a non-filing spouse, o dependent regularly receive   | ra                       |                        |                                   |                         |
|                       | Include alimony, spousal support, child support, maintenance divorce settlement, and property settlement.  | e,<br>8c.                | \$0.00                 |                                   |                         |
| 8d.                   | Unemployment compensation  | 8d.                      | \$0.00                 |                                   |                         |
|                       | Social Security  | 8e.                      | \$0.00                 |                                   |                         |
| <br>                  | Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefinder the Supplemental Nutrition Assistance Program) or nousing subsidies Specify:  Food Assistance Programs Income   | ts<br>8f.                | \$367.0 <u>0</u>       |                                   |                         |
| 8g.                   | Pension or retirement income   | 8g.                      | \$0.00                 |                                   |                         |
| 8h.                   | Other monthly income. Specify:   | 8h. +                    | \$0.00 +               | ·                                 |                         |
| 9. <b>Add</b>         | <b>all other income</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g  | + 8h. 9.                 | \$367.00               |                                   |                         |
|                       | culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing s   | 10.<br>spouse            | \$1,773.86             | =                                 | \$1,773.86              |
| Incl<br>frier         | ate all other regular contributions to the expenses that you do contributions from an unmarried partner, members of you do or relatives.  In the contribution of the c | ır household, your d     | dependents, your roomr |                                   |                         |
| Spe                   | cify:  |                          |                        | 11. +                             | \$0.00                  |
|                       | d the amount in the last column of line 10 to the amount e that amount on the Summary of Schedules and Statistical S   |                          |                        |                                   | \$1,773.86              |
|                       |  |                          |                        |                                   | Combined monthly income |
| 13. <b>Do</b>         | you expect an increase or decrease within the year after   | r you file this form     | ?                      |                                   |                         |
|                       | Yes. Explain:  |                          |                        |                                   |                         |

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|---------------------------|---------------------------------------|--|--|-------------------------|---|
| Fill in this infor        | mation to identify                    | y your case:   |  |                         |   |
| Debtor 1                  | Isaac<br>First Name                   | J<br>Middle Name   | Rucker<br>Last Name  |                         |   |
| Debtor 2                  | First Name                            | Middle Name  | Last Name  | Check if this is:       |   |
| (Spouse, if filing)       | First Name                            | Middle Name  | Last Name  | An amended fili         | ng  |
| United States E           | Bankruptcy Court                      | for the: Northern [  | District of Illinois (State)                                 |                         | howing post-petition chapter 13 the following date: |
| Case number (If known)    |                                       |  |  | MM / DD / YYY           | <u></u>   |
|                           | Form 10<br>e J: Your                  | 6J<br>Expenses   |  |                         | 12/15   |
| information. If           |                                       | as possible. If two married people and eeded, attach another sheet to this ion.  |  |                         |   |
| Part 1: Des               | cribe Your Ho                         | usehold  |  |                         |   |
| 1. Is this a joi          | nt case?                              |  |  |                         |   |
| ✓ No. Go                  | o to line 2                           |  |  |                         |   |
| Yes. D                    | oes Debtor 2 live                     | e in a separate household?   |  |                         |   |
|                           | No                                    |  |  |                         |   |
|                           | Yes. Debtor 2                         | must file Official Forms 106J-2, Expen   | nses for Separate Household of Debt                          | or 2.                   |   |
| 2. Do you hav             | e dependents?                         | No   |  |                         |   |
| Do not list Debtor 2.     | Debtor 1 and                          | Yes. Fill out this information for each dependent                                | Dependent's relationship to<br>Debtor 1 or Debtor 2<br>Child | Dependent's age 6 years | Does dependent live with you?  No.  Yes.            |
|                           | penses include<br>f people other      | ✓ No   |  |                         |   |
| yourself an<br>dependents | -                                     | Yes  |  |                         |   |
| Part 2: Esti              | mate Your On                          | going Monthly Expenses   |  |                         |   |
|                           | of a date after th                    | your bankruptcy filing date unless y<br>e bankruptcy is filed. If this is a sup  |  |                         |   |
|                           | •                                     | h non-cash government assistance<br>luded it on Sc <i>hedule I: Your Incom</i> e | -  |                         | Your expenses                                       |
|                           | I or home owner<br>or the ground or k | ship expenses for your residence. In ot. 4.                                      | clude first mortgage payments and                            |                         | <b>\$471.00</b>                                     |
| If not incl               | luded in line 4:                      |  |  |                         |   |

4a

4b.

4c.

4d.

\$0.00

\$0.00

\$0.00

\$0.00

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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Debtor 1 Isaac J Rucker Case number (if known)
First Name Middle Name Last Name

| 5. Additional mortgage payments for your residence, such as home equity loans         5.         \$0.00           6. Utilities           6. Electricity, heat, natural gas         6a.         \$0.00           6b. Water, sower, garbage collection         6b.         \$0.00           6c. Telephone, cell phone, internet, satellite, and cable services         6c.         \$160.00           6c. Other, Specify:         6d.         \$0.00           7. Food and housekeeping supplies         7.         \$357.00           8. Childcare and children's education costs         8.         \$300.00           10. Personal care products and services         10.         \$100.00           11. Medical and dental expenses         11.         \$100.00           12. Transportation, include gar, maintenance, bus or train fure.         12.         \$130.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$50.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Instratiment, clubs, recreation, newspapers, magazines, and books         15.         \$0.00           16. Charitable contributions and religious donations         14.         \$0.00           15. Install minumoc.         15a         \$0.00           16. Charitable insura  | First Name                          | wilddie Name Last Name   |     |               |
|---|-------------------------------------|--|-----|---------------|
| 6. Utilities:         6 Electricity, heat, natural gas         6a.         \$0.00           6b. Water, sewer, garbage collection         6b.         \$0.00           6b. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$16.00           6c. Telephone, cell phone, Internet, satellite, and cable services         6d.         \$0.00           6c. Telephone, cell phone, Internet, satellite, and cable services         6d.         \$0.00           6c. Telephone, cell phone, Internet, satellite, and cable services         8.         \$0.00           7. Food and housekeeping supplies         8.         \$0.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$10.00           10. Personal care products and services         10.         \$10.00           11. Medicial and dental expenses         11.         \$10.00           12. Transportation, Include gas, maintenance, bus or train fare.         12.         \$13.00           14. Charitable contributions and religious donations         13.         \$0.00           15. Insurance.         15.         \$0.00           15. Insurance.         15.         \$0.00           15. Chair insurance.         15.         \$0.00           15. Chair i   |                                     |  |     | Your expenses |
| 68. Electricity, heat, natural gas         6a.         \$0.00           6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Telephone, cell phone, heaver, satellite, and cable services         6c.         \$100.00           6c. Other, Specify:         6d.         \$50.00           7. Food and housekeeping supplies         7.         \$357.00           8. Childcare and children's education costs         8.         \$300.00           9. Clothing, laundry, and dry cleaning         9.         \$10.00           10. Personal care products and services         11.         \$10.00           11. Medical and dental expenses         11.         \$10.00           11. Medical and dental expenses         12.         \$10.00           12. Transportation, include gas, maintenance, bus or train fare.         12.         \$10.00           Do not include ear payments         13.         \$0.00           14. Charitable contributions and religious donations         13.         \$0.00           15. International contributions and religious donations         15.         \$0.00           15. Life insurance         15a         \$0.00           15. Life insurance         15a         \$0.00           15. Vehiclie Insurance         15c         \$0.00           15. Vehiclie   | 5. Additional mortgage payments     | for your residence, such as home equity loans                            | 5.  | \$0.00        |
| 6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$160.00           6d. Other. Specify;         7.         \$357.00           7. Food and housekeeping supplies         7.         \$357.00           8. Childcare and children's education costs         8.         \$300.00           9. Clotting, laundry, and dry cleaning         9.         \$10.00           10. Personal care products and services         11.         \$10.00           11. Medical and dental expenses         11.         \$10.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$130.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance         15a         \$0.00           15a. Life insurance deducted from your pay or included in lines 4 or 20.         15a         \$0.00           15c. Vehicle insurance         15a         \$0.00           15c. Vehicle insurance         15a         \$0.00           15c. Vehicle insurance. Specify:         16         \$0.00           17c. Tastalliment or lease payments:         17a  | 6. Utilities:                       |  |     |               |
| 6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$160.00           6c. Other, Specify:         6d         \$0.00           7. Food and housekeeping supplies         7.         \$537.00           8. Childcare and children's education costs         8.         \$300.00           9. Clothing, Isundry, and dry cleaning         9.         \$10.00           10. Personal care products and services         10.         \$10.00           11. Medical and dental expenses         11.         \$10.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$130.00           15. Entertainment, clubs, recreation, newspapers, magazines, and books         14.         \$0.00           16. Charitable contributions and religious donations         15.         \$0.00           15. Intertainment, clubs, recreation, newspapers, magazines, and books         15.         \$0.00           15. Intertainment clude insurance deducted from your pay or included in lines 4 or 20.         \$0.00         \$0.00           15. Leath insurance         15.         \$0.00         \$0.00           15. Leath insurance specify:         150         \$0.00           15. Leath insurance specify:         150         \$0.00           15. Leath insurance.         \$0.00         \$0.00   | 6a. Electricity, heat, natural gas  |  | 6a. | \$0.00        |
| 6d. Other. Specify  | 6b. Water, sewer, garbage collect   | ion  | 6b. | \$0.00        |
| 7. Food and housekeeping supplies         7.         \$357.00           8. Childcare and children's education costs         8.         \$300.00           9. Clothing, laundry, and dry cleaning         9.         \$10.00           10. Personal care products and services         10.         \$10.00           11. Medical and dental expenses         11.         \$10.00           12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.         \$0.00           15. Life insurance. Pool on the include insurance specify:         150.         \$0.00           15. Cybride insurance. Specify:  | 6c. Telephone, cell phone, Intern   | et, satellite, and cable services  | 6c. | \$160.00      |
| 7. Food and housekeeping supplies         7.         \$357.00           8. Childcare and children's education costs         8.         \$300.00           9. Clothing, laundry, and dry cleaning         9.         \$10.00           10. Personal care products and services         10.         \$10.00           11. Medical and dental expenses         11.         \$10.00           12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.         \$0.00           15. Life insurance. Pool on the include insurance specify:         150.         \$0.00           15. Cybride insurance. Specify:  | 6d. Other. Specify:                 |  | 6d  | \$0.00        |
| 9. Clothing, laundry, and dry cleaning         9, \$10.00           10. Personal care products and services         10. \$10.00           11. Medical and dental expenses         11. \$10.00           12. Transportation, Include gas, maintenance, bus or train fare.         2 \$130.00           Do not include car payments         13. \$0.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13. \$0.00           14. Charitable contributions and religious donations         14. \$0.00           15. Insurance.         50.00           15. Insurance.         15a. Life insurance deducted from your pay or included in lines 4 or 20.         15a. Life insurance         15b. \$0.00           15c. Vehicle insurance.         15c. Vehicle insurance.         15c. \$0.00           15c. Vehicle insurance.         15c. Vehicle insurance.         15c. \$0.00           17c. Other. Specify:         17c. \$0.00           17c. Other. S  |                                     |  | 7.  | \$357.00      |
| 10. Personal care products and services         10.         \$10.00           11. Medical and dental expenses         11.         \$10.00           12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments         12.         \$13.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.         15a.         \$0.00           15b. Health insurance         15a.         \$0.00           15c. Vehicle insurance         15c.         \$0.00           15c. Vehicle insurance.         15c.         \$0.00           15c. Vehicle insurance. Specify:         15c.         \$0.00           15c. Vehicle insurance.         15c.         \$0.00           15c. Vehicle insurance.         15c.   | 8. Childcare and children's educa   | tion costs   | 8.  | \$300.00      |
| 11. Medical and dental expenses       11.       \$10.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12.       \$13.00         12. Entertainment, clubs, recreation, newspapers, magazines, and books       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance.       15a. Life insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a. \$0.00         15b. Health insurance       15b. Health insurance       15c. Vehicle insur  | 9. Clothing, laundry, and dry clear | ning   | 9.  | \$10.00       |
| 12   Transportation. Include gas, maintenance, bus or train fare. Do not include car payments   12   \$130.00     13   Entertainment, clubs, recreation, newspapers, magazines, and books   13   14   15   15     14   Charitable contributions and religious donations   14   15   15     15   Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.   15   15   15   15   15   15   15   1   | 10. Personal care products and se   | ervices  | 10. | \$10.00       |
| Do not include a payments   13.   \$0.00     14. Charitable contributions and religious donations   14.   \$0.00     15. Insurance.   | 11. Medical and dental expenses     |  | 11. | \$10.00       |
| 14. Charitable contributions and religious donations  |                                     | aintenance, bus or train fare.   | 12. | \$130.00      |
| 15. Insurance.  | 13. Entertainment, clubs, recreat   | ion, newspapers, magazines, and books                                    | 13. | \$0.00        |
| Do not include insurance deducted from your pay or included in lines 4 or 20.   15a. Life insurance   15a   \$0.00     15b. Health insurance   15b   \$0.00     15c. Vehicle insurance   15c   \$0.00     15c. Vehicle insurance. Specify:   15c   \$0.00     15d. Other insurance. Specify:   15d   \$0.00     15d. Other insurance. Specify:   15d   \$0.00     16c   \$0.00     17c. Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20.   15p. Specify:   16   \$0.00     17b. Car payments for Vehicle 1   17a   \$0.00     17b. Car payments for Vehicle 2   17b   \$0.00     17c. Other. Specify:   17c   \$0.00     17d. Other. Specify:   17d   \$0.00     18d. Your payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).   18d.     19d. Other payments you make to support others who do not live with you.   \$9.00     20d. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.   20a   \$0.00     20d. Maintenance, repair, and upkeep expenses.   20d   \$0.00     20d. Maintenance, repai | 14. Charitable contributions and    | religious donations  | 14. | \$0.00        |
| 15b. Health insurance   |                                     | ed from your pay or included in lines 4 or 20.                           |     |               |
| 15c. Vehicle insurance   15c   \$0.00     15d. Other insurance. Specify:  | 15a. Life insurance                 |  | 15a | \$0.00        |
| 15d. Other insurance. Specify:  | 15b. Health insurance               |  | 15b | \$0.00        |
| 16   Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   \$0.00  | 15c. Vehicle insurance              |  | 15c | \$0.00        |
| Specify:         16         \$0.00           17. Installment or lease payments:         17. Installment or lease payments         17. Installment or lease payments           17a. Car payments for Vehicle 1         17a         \$0.00           17b. Car payments for Vehicle 2         17b         \$0.00           17c. Other. Specify:         17d         \$0.00           17d. Other. Specify:         17d         \$0.00           18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).         18.           19. Other payments you make to support others who do not live with you.         \$0.00           Specify:         Daughter Contribution         19.         \$150.00           20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.         20a         \$0.00           20b. Real estate taxes.         20b         \$0.00           20c. Property, homeowner's, or renter's insurance         20c         \$0.00           20d. Maintenance, repair, and upkeep expenses.         20d         \$0.00   | 15d. Other insurance. Specify:      |  | 15d | \$0.00        |
| 17. Installment or lease payments:       17a. Car payments for Vehicle 1       17a. \$0.00         17b. Car payments for Vehicle 2       17b. \$0.00         17c. Other. Specify:       17c. \$0.00         17d. Other. Specify:       17d. \$0.00         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).       18.         19. Other payments you make to support others who do not live with you.       19. \$150.00         20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.       20a. \$0.00         20b. Real estate taxes.       20b. \$0.00         20c. Property, homeowner's, or renter's insurance       20c. \$0.00         20d. Maintenance, repair, and upkeep expenses.       20d. \$0.00  | 16. Taxes. Do not include taxes ded | lucted from your pay or included in lines 4 or 20.                       |     |               |
| 17. Installment or lease payments:       30.00         17a. Car payments for Vehicle 1       17a       \$0.00         17b. Car payments for Vehicle 2       17b       \$0.00         17c. Other. Specify:       17c       \$0.00         17d. Other. Specify:       17d       \$0.00         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).       18.         19. Other payments you make to support others who do not live with you.       19.       \$150.00         20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.       20a       \$0.00         20b. Real estate taxes.       20b       \$0.00         20c. Property, homeowner's, or renter's insurance       20c       \$0.00         20d. Maintenance, repair, and upkeep expenses.       20d       \$0.00  | Specify:                            |  | 16  | \$0.00        |
| 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Other payments you make to support others who do not live with you. Specify: Daughter Contribution 19. \$150.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. So.00  | 17. Installment or lease payments   |  | 10  |               |
| 17c. Other. Specify:  |                                     |  | 17a | \$0.00        |
| 17d. Other. Specify:  | 17b. Car payments for Vehicle 2     |  | 17b | \$0.00        |
| 17d. Other. Specify:  | 17c. Other. Specify:                |  | 17c | \$0.00        |
| your pay on line 5, Schedule I, Your Income (Official Form 106I).  19.Other payments you make to support others who do not live with you.  Specify: Daughter Contribution  20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. Mortgages on other property  20b. Real estate taxes.  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00  |                                     |  | 17d | \$0.00        |
| 19. Other payments you make to support others who do not live with you.  Specify: Daughter Contribution  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d \$0.00  | 18. Your payments of alimony, ma    | intenance, and support that you did not report as deducted from          |     | \$0.00        |
| Specify:Daughter Contribution19.\$150.0020. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.20a\$0.0020a. Mortgages on other property20a\$0.0020b. Real estate taxes.20b\$0.0020c. Property, homeowner's, or renter's insurance20c\$0.0020d. Maintenance, repair, and upkeep expenses.20d\$0.00  |                                     | •  | 18. |               |
| 20a. Mortgages on other property20a\$0.0020b. Real estate taxes.20b\$0.0020c. Property, homeowner's, or renter's insurance20c\$0.0020d. Maintenance, repair, and upkeep expenses.20d\$0.00  |                                     | •  | 19. | \$150.00      |
| 20b. Real estate taxes.  20b \$0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses.  20d \$0.00  | 20.Other real property expenses r   | not included in lines 4 or 5 of this form or on Schedule I: Your Income. |     |               |
| 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00  | 20a. Mortgages on other propert     | y  | 20a | \$0.00        |
| 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00   | 20b. Real estate taxes.             |  | 20b | \$0.00        |
|   | 20c. Property, homeowner's, or i    | renter's insurance   | 20c | \$0.00        |
| 20e. Homeowner's association or condominium dues 20e <b>\$0.00</b>  | 20d. Maintenance, repair, and up    | keep expenses.   | 20d | \$0.00        |
|   | 20e. Homeowner's association o      | r condominium dues   | 20e | \$0.00        |

Official Form 106J Schedule J: Your Expenses page 2

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| Debtor 1 Isa        |  | J                   | Rucker      | Case number (if known) |     |             |
|---------------------|--|---------------------|-------------|------------------------|-----|-------------|
|                     | st Name  | Middle Name         | Last Name   |                        |     |             |
| 21. <b>Other.</b> S | Specify:   |                     |             |                        | 21  | \$0.00      |
|                     |  |                     |             |                        |     |             |
|                     | ite your monthly expenses  | •                   |             |                        |     | \$1,598.00  |
|                     | d lines 4 through 21.  | ( D ) (             |             |                        |     | \$0.00      |
|                     | py line 22 (monthly expense  |                     | \$1,598.00  |                        |     |             |
|                     | d line 22a and 22b. The resu   |                     | 22.         |                        |     |             |
|                     | te your monthly net incom  |                     |             |                        |     |             |
| 23a. Cop            | by line 12 (your combined m  | onthly income) from | Schedule I. |                        | 23a | \$1,773.86  |
| 23b. Cop            | py your monthly expenses fr  | om line 22 above.   |             |                        | 23b | \$1,598.00  |
|                     | otract your monthly expenses   |                     | ncome.      |                        |     | \$175.86    |
| The                 | e result is your monthly net i   | ncome.              |             |                        | 23c | <del></del> |
|                     | mple, do you expect to finish<br>ge payment to increase or de<br>Explain here: |                     |             |                        |     |             |

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| Fill in this information to identify your case: |                           |             |                              |  |  |  |  |
|---|---------------------------|-------------|------------------------------|--|--|--|--|
| Debtor 1  | Isaac                     | J           | Rucker                       |  |  |  |  |
|   | First Name                | Middle Name | Last Name                    |  |  |  |  |
| Debtor 2  |                           |             |                              |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |  |
| Case number                                     |                           |             | (C,                          |  |  |  |  |

#### Official Form 106Dec

| Check if this is an |
|---------------------|
| amended filing      |

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below  |   |  |  |  |  |  |  |
|-----|--|---|--|--|--|--|--|--|
|     | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  |   |  |  |  |  |  |  |
|     | ✓ No   |   |  |  |  |  |  |  |
|     | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |  |  |  |  |  |
|     |  |   |  |  |  |  |  |  |
|     |  |   |  |  |  |  |  |  |
|     | Under penalty of perjury, I declare that I have read the summary a that they are true and correct. | and schedules filed with this declaration and   |  |  |  |  |  |  |
| x   | /s/ Isaac Rucker   | ×   |  |  |  |  |  |  |
| -   | Signature of Debtor 1  | Signature of Debtor 2   |  |  |  |  |  |  |
|     | Date 3/14/2017   | Date  |  |  |  |  |  |  |
|     | MM/DD/YYYY   | MM/DD/YYYY  |  |  |  |  |  |  |

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| Fill i         | n this i     | inform      | nation to identify your o | case:               |   |                    |                |                     |                            |
|----------------|--------------|-------------|---------------------------|---------------------|---|--------------------|----------------|---------------------|----------------------------|
| Deb            | tor 1        |             | Isaac                     | J                   | Rucker  |                    |                |                     |                            |
| Deb            | tor 2        |             | First Name                | Middle              | Name Last Na  | me                 |                |                     |                            |
| (Spo           | use, if fili | ing)        | First Name                | Middle              | Name Last Na  | me                 |                |                     |                            |
| Unit           | ted Sta      | tes Ba      | nkruptcy Court for the:   | Northern            | District of Illin                                     | nois<br>ate)       |                |                     |                            |
| Cas<br>(If kno | e num        | ber         |                           |                     | (0)   |                    |                |                     |                            |
|                |              |             | 107                       |                     |   |                    |                |                     | Check if this is a         |
| <u>Ot</u>      | TICI         | aı r        | orm 107                   |                     |   |                    |                |                     | amended filing             |
| Sta            | aten         | nen         | t of Financia             | al Affairs f        | for Individuals                                       | Filing for         | r Bankru       | ıptcy               | 12/1                       |
| info           | rmatic       | on. If      |                           | ed, attach a sep    | narried people are filing<br>parate sheet to this for |                    |                |                     |                            |
| Par            | t 1: (       | Give        | Details About Your        | Marital Status      | and Where You Live                                    | d Before           |                |                     |                            |
| 1.             | Wha          | at is y     | our current marital st    | atus?               |   |                    |                |                     |                            |
|                | П            | Marr        | ied                       |                     |   |                    |                |                     |                            |
|                | <b>✓</b>     | Not r       | married                   |                     |   |                    |                |                     |                            |
| 2.             | Duri         | ing th      | e last 3 years, have ye   | ou lived anywher    | e other than where you                                | live now?          |                |                     |                            |
|                | <b>~</b>     | No          |                           |                     |   |                    |                |                     |                            |
|                |              | Yes.        | List all of the places yo | ou lived in the las | st 3 years. Do not include                            | e where you live r | now.           |                     |                            |
|                |              |             |                           |                     |   |                    |                |                     |                            |
|                |              | Debt        | or 1:                     |                     | Dates Debtor 1 lived there                            | Debtor 2:          |                |                     | Dates Debtor 2 lived there |
|                |              |             |                           |                     |   | Same as            | Debtor 1       |                     | Same as Debtor 1           |
|                |              |             |                           |                     |   | _                  |                |                     | _                          |
|                |              | Num         | ber Street                |                     | From  | Number Stre        | et             |                     | From                       |
|                |              |             |                           |                     | То  |                    |                |                     | То                         |
|                |              | City        | State                     | Zip Code            |   | City               | State          | Zip Code            |                            |
|                |              |             |                           |                     |   | Same as            | Debtor 1       |                     | Same as Debtor 1           |
|                |              |             |                           |                     | From  |                    |                |                     | From                       |
|                |              | Num         | ber Street                |                     | To  | Number Stre        | et             |                     | To                         |
|                |              |             |                           |                     |   |                    |                |                     |                            |
|                |              | City        | State                     | Zip Code            |   | City               | State          | Zip Code            |                            |
| 3.             |              |             |                           |                     | pouse or legal equivalen                              | -                  |                | - '                 | ommunity property states   |
|                |              |             | es include Arizona, Calif | ornia, Idaho, Loui  | siana, Nevada, New Mexic                              | o, Puerto Rico, Te | xas, Washingto | on, and Wisconsin.) |                            |
|                | Ľ            | No<br>Ves M | lake sure vou fill out S  | chedule H. Vour     | Codebtors (Official Forn                              | n 106H)            |                |                     |                            |
|                | ш'           | JJ. 1V      | iano saro you iiii out o  | onodulo II. IUUI    | Coocolors (Official FOIT                              | 001 1/3.           |                |                     |                            |

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Rucker

Debtor 1 Isaac Case number (if known) First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) ✓ Wages, Wages, \$1287.74 From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, Wages, \$17696.69 For last calendar year: commissions, commissions, 2016 (January 1 to December 31, bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, \$15000.00 For the calendar year before that: commissions. commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Gross income from Sources of income Sources of income Gross income from Describe below. each source Describe below. each source (before deductions (before deductions and and exclusions) exclusions) Link \$367.00 From January 1 of current year until the date you filed for bankruptcy: Link \$1,468.00 For last calendar year: (January 1 to December 31, 2016 Link \$1,494.00 For the calendar year before that: (January 1 to December 31, 2015

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Rucker Debtor 1 Isaac Case number (if known) Middle Name First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors

Other

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| Debtor 1            | 1 Isaac                                 |   | J   | Ruc                                    | ker  | Case number                                 | (if known)  |
|---------------------|---|---|---|--|--|---|---|
|                     | First Name                              |   | Middle Name   | Last                                   | Name   | <del></del>                                 |   |
| Insi<br>corp<br>age | iders include your<br>porations of whic | relatives; ar<br>n you are ar<br>for a busine | ny general partners<br>n officer, director, p<br>ess you operate as | ; relatives of any goerson in control, | jeneral partners; part<br>or owner of 20% or | nerships of which y<br>more of their voting | who was an insider? You are a general partner; You securities; and any managing You domestic support obligations, |
| ✓                   | No                                      |   |   |  |  |   |   |
| Ш                   | Yes. List all pay                       | ments to a                                    | n insider.  | B                                      |  |   | 5   |
|                     |   |   |   | Dates of payment                       | Total amount paid                            | Amount you still owe                        | Reason for this payment   |
|                     | Insider's Name                          |   |   |  |  |   |   |
|                     | Number Street                           |   |   |  |  |   |   |
|                     | City                                    | State   | Zip Code  |  |  |   |   |
|                     | Insider's Name                          |   |   |  |  |   |   |
|                     | Number Street                           |   |   |  |  |   |   |
|                     | City                                    | State   | Zin Codo  |  |  |   |   |
| _                   | Oity                                    | Otate   | Zip Code  |  |  |   |   |
| insi                | der?<br>ude payments on<br>No           | debts guar                                    | anteed or cosigne   | d by an insider.                       | Total amount paid                            | Amount you still owe                        | n account of a debt that benefited an  Reason for this payment  Include creditor's name                           |
|                     |   |   |   |  |  |   | moduce oreases a statue   |
|                     | Insider's Name                          |   |   |  |  |   |   |
|                     | Number Street                           |   |   |  |  |   |   |
|                     | City                                    | State   | Zip Code  |  |  |   |   |
|                     | Insider's Name                          |   |   |  |  |   |   |
|                     | Number Street                           |   |   |  |  |   |   |
|                     |   |   |   |  |  |   |   |
|                     | City                                    | State   | Zip Code  |  |  |   |   |

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Rucker

Debtor 1 Isaac Case number (if known) Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No ◪ Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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| Debt | tor 1 Isaac                    | J<br>Middle Norce   | Rucker                        | Case number (if known)                       |                        |
|------|--------------------------------|---|-------------------------------|--|------------------------|
|      | First Name                     | Middle Name   | Last Name                     |  |                        |
| 11.  |                                | ou filed for bankruptcy, dic<br>ake a payment because yo  |                               | ank or financial institution, set off any am | ounts from your        |
|      | ✓ No ✓ Yes. Fill in the detail | S.  |                               |  |                        |
|      |                                |   | Describe the action th        | e creditor took Date action was taken        | Amount                 |
|      | Creditor's Name                |   |                               |  | _                      |
|      | Number Street                  |   |                               |  |                        |
|      |                                |   | Last 4 digits of account      | number: XXXX-                                |                        |
|      | ,                              | tate Zip Code   |                               |  |                        |
| 12.  |                                | filed for bankruptcy, was<br>istodian, or another officia |                               | possession of an assignee for the benefit o  | of creditors, a court- |
|      | ✓ No ☐ Yes                     |   |                               |  |                        |
| Part | 5: List Certain Gifts          | and Contributions   |                               |  |                        |
| 13.  | Within 2 years before ye       | ou filed for bankruptcy, dic                              | I you give any gifts with a t | otal value of more than \$600 per person?    |                        |
|      | ✓ No ✓ Yes. Fill in the detail | ils for each gift.  |                               |  |                        |
|      | Gifts with a total va          | llue of more than \$600                                   | Describe the gifts            | Dates you<br>gave the<br>gifts               | Value                  |
|      |                                |   |                               |  |                        |
|      | Person to Whom You             | u Gave the Gift   | -                             |  |                        |
|      | Number Street                  |   | -                             |  |                        |
|      | City S Person's relationship   | tate Zip Code   | -                             |  |                        |
|      |                                | -<br>-  |                               |  |                        |
|      | Person to Whom You             | ı Gave the Gift   | -                             |  |                        |
|      | Number Street                  |   | -                             |  |                        |
|      | •                              | tate Zip Code   | -                             |  |                        |
|      | Person's relationship          | to you  |                               |  |                        |

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|          | Isaac  | J  | Rucker  | Case number (if known   | 1)                                |                        |
|----------|--|--|---|-------------------------|-----------------------------------|------------------------|
|          | First Name   | Middle Name  | Last Name   | -                       |                                   |                        |
|          |  |  |   |                         |                                   |                        |
| . Wi     | thin 2 years before you filed for  | bankruptcy, did  | you give any gifts or contribution  | s with a total value o  | f more than \$600                 | to any charity?        |
| <b>✓</b> | No   |  |   |                         |                                   |                        |
| F        |  | gift or contribution   | on.   |                         |                                   |                        |
|          | Yes. Fill in the details for each  | girt or contribution   | JII.  |                         |                                   |                        |
|          | Gifts or contributions to char   | rities   | Describe what you contribute  | ed                      | Date you                          | Value                  |
|          | that total more than \$600   |  |   |                         | contributed                       |                        |
|          |  |  |   |                         |                                   |                        |
|          | Charity's Name   |  |   |                         |                                   |                        |
|          | onany ortanio  |  |   |                         |                                   |                        |
|          |  |  |   |                         |                                   |                        |
|          | Number Street  |  |   |                         |                                   |                        |
|          | Number Street  |  |   |                         |                                   |                        |
|          | City State   | Zip Code   |   |                         |                                   |                        |
|          |  | _p   |   |                         |                                   |                        |
| rt 6:    | List Certain Losses  |  |   |                         |                                   |                        |
|          |  |  |   |                         |                                   |                        |
| <b>✓</b> | No Yes. Fill in the details.   |  | Describe and income   | wa na fau kha la a      | Data of wave                      | Value of average       |
|          | Describe the property you los how the loss occurred  | st and   | Describe any insurance cove<br>Include the amount that insurar<br>pending insurance claims on lin | nce has paid. List      | Date of your loss                 | Value of property lost |
|          |  |  | A/B: Property.  |                         |                                   |                        |
|          |  |  |   |                         |                                   | -                      |
|          |  |  |   |                         |                                   |                        |
| rt 7:    | List Certain Payments or 1   | <b>Fransfers</b>   |   |                         |                                   |                        |
| abo      | out seeking bankruptcy or prep   | aring a bankrupt   |   |                         |                                   | anyone you consulte    |
| abo      | out seeking bankruptcy or prep<br>lude any attorneys, bankruptcy pe<br>No  | aring a bankrupt   |   |                         |                                   | anyone you consulte    |
| abo      | out seeking bankruptcy or prep<br>lude any attorneys, bankruptcy pe  | aring a bankrupt   | cy petition?  |                         |                                   | anyone you consulte    |
| ab       | out seeking bankruptcy or prep<br>lude any attorneys, bankruptcy pe<br>No  | aring a bankrupt   | cy petition?  | ces required in your ba |                                   | anyone you consulte    |
| ab       | out seeking bankruptcy or prep<br>lude any attorneys, bankruptcy pe<br>No  | aring a bankrupt   | ccy petition?<br>r credit counseling agencies for servi   | ces required in your ba | nkruptcy.                         |                        |
| abo      | out seeking bankruptcy or prep<br>lude any attorneys, bankruptcy pe<br>No  | aring a bankrupt   | ccy petition? r credit counseling agencies for servi  Description and value of any                | ces required in your ba | nkruptcy.  Date payment           | Amount of              |
| abo      | out seeking bankruptcy or prep<br>lude any attorneys, bankruptcy pe<br>No  | aring a bankrupt   | ccy petition? r credit counseling agencies for servi  Description and value of any                | ces required in your ba | Date payment or transfer          | Amount of              |
| abo      | out seeking bankruptcy or prep<br>lude any attorneys, bankruptcy pe<br>No<br>Yes. Fill in the details.   | aring a bankrupt   | cry petition? r credit counseling agencies for servi  Description and value of any transferred    | ces required in your ba | Date payment or transfer was made | Amount of payment      |
| abo      | but seeking bankruptcy or preplude any attorneys, bankruptcy pelong No Yes. Fill in the details.  Semrad Law Firm  | aring a bankrupt   | cry petition? r credit counseling agencies for servi  Description and value of any transferred    | ces required in your ba | Date payment or transfer was made | Amount of payment      |
| abo      | but seeking bankruptcy or preplude any attorneys, bankruptcy pelude any attorneys and any attorneys and atto | aring a bankrupt   | cry petition? r credit counseling agencies for servi  Description and value of any transferred    | ces required in your ba | Date payment or transfer was made | Amount of payment      |
| ab       | but seeking bankruptcy or preplude any attorneys, bankruptcy pelude any attorneys, bankruptcy pelud | aring a bankrupt   | cry petition? r credit counseling agencies for servi  Description and value of any transferred    | ces required in your ba | Date payment or transfer was made | Amount of payment      |
| abo      | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor  | paring a bankrupt  | cry petition? r credit counseling agencies for servi  Description and value of any transferred    | ces required in your ba | Date payment or transfer was made | Amount of payment      |
| ab       | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois   | earing a bankrupt etition preparers, or etition preparers, etition etition preparers, etition preparers, etition preparers, etition etitio | cry petition? r credit counseling agencies for servi  Description and value of any transferred    | ces required in your ba | Date payment or transfer was made | Amount of payment      |
| abo      | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor  | paring a bankrupt  | cry petition? r credit counseling agencies for servi  Description and value of any transferred    | ces required in your ba | Date payment or transfer was made | Amount of payment      |
| ab       | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State  | earing a bankrupt etition preparers, or etition preparers, etition etition preparers, etition preparers, etition preparers, etition etitio | cry petition? r credit counseling agencies for servi  Description and value of any transferred    | ces required in your ba | Date payment or transfer was made | Amount of payment      |
| ab       | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois   | earing a bankrupt etition preparers, or etition preparers, etition etition preparers, etition preparers, etition preparers, etition etitio | cry petition? r credit counseling agencies for servi  Description and value of any transferred    | ces required in your ba | Date payment or transfer was made | Amount of payment      |
| ab       | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State  | earing a bankrupt eatition preparers, or  60603  Zip Code  | cry petition? r credit counseling agencies for servi  Description and value of any transferred    | ces required in your ba | Date payment or transfer was made | Amount of payment      |
| ab       | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address   | earing a bankrupt eatition preparers, or  60603  Zip Code  | cry petition? r credit counseling agencies for servi  Description and value of any transferred    | ces required in your ba | Date payment or transfer was made | Amount of payment      |
| ab       | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address Person Who Made the Payment   | earing a bankrupt eatition preparers, or  60603  Zip Code  | cry petition? r credit counseling agencies for servi  Description and value of any transferred    | ces required in your ba | Date payment or transfer was made | Amount of payment      |
| ab       | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address   | earing a bankrupt eatition preparers, or  60603  Zip Code  | cry petition? r credit counseling agencies for servi  Description and value of any transferred    | ces required in your ba | Date payment or transfer was made | Amount of payment      |
| ab       | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address Person Who Made the Payment Person Who Was Paid   | earing a bankrupt eatition preparers, or  60603  Zip Code  | cry petition? r credit counseling agencies for servi  Description and value of any transferred    | ces required in your ba | Date payment or transfer was made | Amount of payment      |
| abo      | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address Person Who Made the Payment   | earing a bankrupt eatition preparers, or  60603  Zip Code  | cry petition? r credit counseling agencies for servi  Description and value of any transferred    | ces required in your ba | Date payment or transfer was made | Amount of payment      |
| abo      | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address Person Who Made the Payment Person Who Was Paid   | earing a bankrupt eatition preparers, or  60603  Zip Code  | cry petition? r credit counseling agencies for servi  Description and value of any transferred    | ces required in your ba | Date payment or transfer was made | Amount of payment      |
| ab       | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address Person Who Was Paid   | 60603 Zip Code   | cry petition? r credit counseling agencies for servi  Description and value of any transferred    | ces required in your ba | Date payment or transfer was made | Amount of payment      |
| ab       | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address Person Who Made the Payment Person Who Was Paid   | earing a bankrupt eatition preparers, or  60603  Zip Code  | cry petition? r credit counseling agencies for servi  Description and value of any transferred    | ces required in your ba | Date payment or transfer was made | Amount of payment      |
| ab       | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address Person Who Was Paid Number Street  Person Who Made the Payment Person Who Was Paid  | 60603 Zip Code   | cry petition? r credit counseling agencies for servi  Description and value of any transferred    | ces required in your ba | Date payment or transfer was made | Amount of payment      |
| abo      | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address Person Who Was Paid   | 60603 Zip Code   | cry petition? r credit counseling agencies for servi  Description and value of any transferred    | ces required in your ba | Date payment or transfer was made | Amount of payment      |
| ab       | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address Person Who Was Paid Number Street  Person Who Made the Payment Person Who Was Paid  | 60603 Zip Code   | cry petition? r credit counseling agencies for servi  Description and value of any transferred    | ces required in your ba | Date payment or transfer was made | Amount of payment      |

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| · 1 Isaac J   |  | Rucker   | Case number (if kno         | wn)  |   |
|---|--|--|-----------------------------|--|---|
| First Name Mi   | ddle Name  | Last Name  |                             | '  |   |
| elp you deal with your creditors or   | to make paym   | ents to your creditors?                          | our behalf pay or transf    | er any property to any   | one who promised t  |
| ✓ No ✓ Yes. Fill in the details.  |  |  |                             |  |   |
| 100. Till lift tille dettalle.  |  | Description and value of a                       | ny property                 | Date A   | Amount of payment   |
|   |  | transferred                                      |                             | payment or<br>transfer was<br>made   |   |
| Person Who Was Paid   |  |  |                             |  |   |
| Number Street   |  |  |                             |  |   |
| 0.1   | 7'- 0-4-   |  |                             |  |   |
| City State  | Zip Code   |  |                             |  |   |
| nclude both outright transfers and tran<br>nd transfers that you have already liste | sfers made as s  | ecurity (such as the granting of                 | a security interest or mort | gage on your property).  | Do not include gifts  |
| Yes. Fill in the details.   |  |  |                             |  |   |
|   |  | Description and value of a property transferred  | payments                    | received or debts paid   | Date<br>transfer was<br>made  |
| Person Who Received Transfer  |  |  |                             |  |   |
| Number Street   |  |  |                             |  |   |
| City State<br>Person's relationship to you  | Zip Code   |  |                             |  |   |
| Person Who Received Transfer  |  |  |                             |  |   |
| Number Street   |  |  |                             |  |   |
| City State  | Zip Code   |  |                             |  |   |
| reison's relationship to you  |  |  |                             |  |   |
| eneficiary?   |  | l you transfer any property to                   | a self-settled trust or s   | imilar device of which   | you are a   |
| ✓ No  Yes. Fill in the details.   |  |  |                             |  |   |
| _   |  | Description and value of                         | the property transferre     | d  | Date<br>transfer was<br>made  |
| Name of trust   |  |  |                             |  |   |
|   | First Name Minimum Min | First Name Middle Name    First Name Middle Name | First Name                  | First Name Last Name | First Name Middle Name Lat Name  Lith any late after you filled for bankruptcy, did you can properly to any property to any play you deal with your creditors or to make payments to your creditors?  No  Yes. Fill in the details.  Description and value of any property transfer was made  Person Who Was Paid  Number Street  City State Zip Code  Fithin 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property transfer was made  Person Who Received Transfer  Number Street  City State Zip Code  Person Who Received Transfer  Number Street  City State Zip Code  Person Who Received Transfer  Number Street  City State Zip Code  Person Who Received Transfer  Number Street  City State Zip Code  Person Who Received Transfer  Number Street  City State Zip Code  Person who Received Transfer  Number Street  City State Zip Code  Person who Received Transfer  Number Street  City State Zip Code  Person so relationship to you  City State Zip Code  Person so relationship to you  City State Zip Code  Person who Received Transfer  Number Street  City State Zip Code  Person so relationship to you  City State Zip Code  Person so relationship to you  City State Zip Code  Person so relationship to you  City State Zip Code  Person so relationship to you  Description and value of the property transferred  City State Zip Code  Person so relationship to you  Description and value of the property transferred |

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Rucker Debtor 1 Isaac Case number (if known) First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was number instrument before closed, sold, closing or moved, or transfer transferred Chase Checking XXXX-0000 8/2016 \$ 0.00 Person Who Was Paid Savings Po Box 9001871 Number Street Money market Brokerage 40290 Louisville Kentucky Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Number Street City State Zip Code City State Zip Code

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Rucker Debtor 1 Isaac \_\_ Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code Zip Code City State Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code

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| Debto  | or 1 | Isaac                      |                | J                                   | R            | ucker         | Cas                                       | e number <i>(ii</i> | fknown)       |                                    |                                  |
|--------|------|----------------------------|----------------|-------------------------------------|--------------|---------------|---|---------------------|---------------|------------------------------------|----------------------------------|
|        |      | First Name                 |                | Middle Name                         | La           | ast Name      |   |                     |               |                                    | _                                |
| 26.    | Hav  | e you been a part          | y in any judic | cial or administ                    | rative proce | eding under   | any environmen                            | ital law? In        | clude settler | nents and orde                     | ers.                             |
|        |      | No<br>Yes. Fill in the def | tails.         |                                     |              |               |   |                     |               |                                    |                                  |
|        |      |                            |                |                                     | Court or a   | gency         |   | Nature (            | of the case   |                                    | Status of the case               |
|        |      | Case title                 |                |                                     |              |               |   |                     |               |                                    | Pending                          |
|        |      |                            |                |                                     | Court Name   |               |   |                     |               |                                    | On appeal                        |
|        |      | Case number                |                |                                     | NumberStre   |               |   |                     |               |                                    | Concluded                        |
|        |      | la:                        |                |                                     | City         | State         | Zip Code                                  |                     |               |                                    |                                  |
| Part 1 |      | Give Details Al            |                |                                     |              |               |   |                     |               |                                    |                                  |
| 27.    | With | nin 4 years before         |                |                                     | -            |               | -   | _                   |               | o any business                     | s?                               |
|        |      |                            |                |                                     | -            |               | r activity, either fo<br>artnership (LLP) | ull-time or p       | oart-time     |                                    |                                  |
|        |      | A partner in               | a partnership  | )                                   |              |               | , ,                                       |                     |               |                                    |                                  |
|        |      | _                          |                | naging execution of the voting or o | -            |               | noration                                  |                     |               |                                    |                                  |
|        |      | No. None of the a          |                |                                     |              | 1003 01 0 001 | poration                                  |                     |               |                                    |                                  |
|        |      | Yes. Check all the         |                |                                     |              | ow for each b | ousiness.                                 |                     |               |                                    |                                  |
|        | _    |                            |                |                                     | Desc         | ribe the natu | ure of the busine                         | SS                  |               |                                    | number Do not<br>number or ITIN. |
|        |      | Business Name              |                |                                     | _            |               |   |                     | EIN:          |                                    |                                  |
|        |      | Number Street              |                |                                     |              |               |   |                     | Dates busi    | ness existed                       |                                  |
|        |      | City                       | State          | Zip Code                            | Nam          | e of account  | ant or bookkeep                           | er                  | From          | To                                 |                                  |
|        |      | •                          |                | <b>P</b>                            |              |               |   |                     | 110111        | 10                                 |                                  |
|        |      |                            |                |                                     |              |               |   |                     |               |                                    |                                  |
|        |      |                            |                |                                     | Desc         | ribe the nati | ure of the busine                         | SS                  |               | dentification n<br>cial Security n | number Do not<br>number or ITIN. |
|        |      | Business Name              |                |                                     | _            |               |   |                     | EIN:          |                                    |                                  |
|        |      | Number Street              |                |                                     |              |               | ant au be deles :                         |                     | Dates busi    | ness existed                       |                                  |
|        |      | City                       | State          | Zip Code                            | Nam          | e of account  | ant or bookkeep                           | er                  | From          | То                                 |                                  |
|        |      |                            |                |                                     |              |               |   |                     |               |                                    |                                  |
|        |      |                            |                |                                     | Desc         | rihe the noti | ure of the busine                         | 98                  | Fmnlover I    | dentification                      | number Do not                    |
|        |      |                            |                |                                     | Desc         | THE HIE HALL  | are or the pusifie                        |                     | include So    |                                    | number by not<br>number or ITIN. |
|        |      | Business Name              |                |                                     | _            |               |   |                     | EIN:          |                                    |                                  |
|        |      | Number Street              |                |                                     | — Nom        | o of account  | ant or hookkees                           | or                  | Dates busi    | ness existed                       |                                  |
|        |      | City                       | State          | Zip Code                            |              | e oi account  | ant or bookkeep                           | CI                  | From          | То                                 |                                  |
|        |      |                            |                |                                     |              |               |   |                     |               |                                    |                                  |
|        |      |                            |                |                                     |              |               |   |                     |               |                                    |                                  |

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| Debto  | or 1 Isaac   | J                       | Rucker   | Case number (if known)   |
|--------|--|-------------------------|--|--|
|        | First Name   | Middle Name             | Last Name  |  |
|        | Within 2 years before you filed creditors, or other parties.  No | l for bankruptcy, did y | ou give a financial statement                                | t to anyone about your business? Include all financial institutions,   |
|        | Yes. Fill in the details belo                                    | W.                      |  |  |
|        |  |                         | Date issued  |  |
|        |  |                         |  |  |
|        | Name   |                         | MM/DD/YYYY   |  |
|        | Number Street  |                         | <u> </u>   |  |
|        | Nambor Stroot  |                         |  |  |
|        | City State   | Zip Code                | _  |  |
|        | 0: D.L   |                         |  |  |
| Part ' | 12: Sign Below   |                         |  |  |
| tr     | ue and correct. I understand<br>bankruptcy case can result ir    | that making a false sta | atement, concealing property<br>or imprisonment for up to 20 | nts, and I declare under penalty of perjury that the answers are<br>y, or obtaining money or property by fraud in connection with<br>D years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|        | /s/ Isaac Ru   | cker                    | ,  | ×  |
|        | Signature of De  |                         |  | Signature of Debtor 2  |
|        | Date 3/14/201  | 7                       |  | Date   |
| Di     | id you attach additional page:                                   | s to Your Statement of  | Financial Affairs for Individu                               | als Filing for Bankruptcy (Official Form 107)?   |
| V      | No   |                         |  |  |
|        | Yes  |                         |  |  |
| Di     | id you pay or agree to pay son                                   | neone who is not an at  | torney to help you fill out ba                               | nkruptcy forms?  |
|        | No   |                         |  |  |
|        | Yes. Name of person  |                         |  | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119).   |

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B2030 (Form 2030) (12/15)

#### **UNITED STATES BANKRUPTCY COURT**

|      |  | Nortnern               | District of Illinois         |                   |                               |
|------|--|------------------------|------------------------------|-------------------|-------------------------------|
| n re | Isaac J Rucker   |                        | (                            | Case No.          |                               |
| _    | Debtor   |                        |                              |                   | (If known)                    |
|      |  |                        | (                            | Chapter           | Chapter 13                    |
|      | DISCLOSURE OF  | COMPENSA               | ATION OF ATTO                | DRNEY F           | OR DEBTOR                     |
| 1    | . Pursuant to 11 U.S.C. § 329(a) and F compensation paid to me within one rendered or to be rendered on behalf | year before the filing | g of the petition in bankrup | tcy, or agreed to | o be paid to me, for services |
|      | For legal services, I have agreed to a   | cept                   |                              |                   | \$4,000.00                    |
|      | Prior to the filing of this statement I  | nave received          |                              |                   | \$350.00                      |
|      | Balance Due  |                        |                              |                   | \$3,650.00                    |
| 2    | . The source of the compensation paid  | d to me was:           |                              |                   |                               |
|      | <b>J</b> Debtor  | Other (                | (specify)                    |                   |                               |
| 3    | . The source of the compensation paid  | d to me is:            |                              |                   |                               |
|      | <b>✓</b> Debtor  | Other (                | (specify)                    |                   |                               |
| 4    | I have not agreed to share the abmembers and associates of my I  |                        | pensation with any other pe  | rson unless the   | ey are                        |
|      | I have agreed to share the above members or associates of my law the people sharing in the compe               | v firm. A copy of the  | agreement, together with a   |                   |                               |
| 5    | . In return for the above-disclosed fee<br>a. Analysis of the debtor's finar<br>bankruptcy;                    |                        |                              |                   |                               |
|      | b. Preparation and filing of any   | petition, schedules,   | statements of affairs and pl | an which may b    | oe required;                  |
|      | c. Representation of the debtor  | at the meeting of cre  | editors and confirmation he  | earing, and any   | adjourned hearings thereof;   |
|      | d. Representation of the debtor  | in adversary proceed   | dings and other contested b  | oankruptcy mat    | ters;                         |
| 6    | . By agreement with the debtor(s), the   | above-disclosed fee    | does not include the follow  | ving services:    |                               |
|      |  |                        |                              |                   |                               |
|      |  | CE                     | ERTIFICATION                 |                   |                               |
|      | I certify that the foregoing is a completor(s) in this bankruptcy proceedings.                                 | e statement of any a   | agreement or arrangement f   | or payment to r   | me for representation of the  |
|      | 3/14/2017  |                        | /s/ Mike                     | e Miller          |                               |
|      | Date   |                        | Signature o                  | of Attorney       |                               |
|      |  |                        | Semrad L                     | _aw Firm          |                               |
|      |  |                        | Name of                      | law firm          |                               |

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

IR

6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- I. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.



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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to  $\S$  726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.



#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.



### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$387.00
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$77.00 for expenses, leaving a balance due of \$4,037.00
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:     | 3/14/2017 |                        |  |
|-----------|-----------|------------------------|--|
| Signed:   |           |                        |  |
| /s/ Isaad | Rucker    |                        |  |
| 100       | Duff      | /s/ Mike Miller        |  |
| Debtor(s  | s)        | Attorney for Debtor(s) |  |

Do not sign if the fee amounts at top of this page are blank.

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### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

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#### A. BEFORE THE CASE IS FILED

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- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

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- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
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6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

  However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$387.00
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$77.00 for expenses, leaving a balance due of \$4,037.00
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:     | 3/14/2017 |                        |
|-----------|-----------|------------------------|
| Signed:   |           |                        |
| /s/ Isaac | Rucker    |                        |
|           |           | /s/ Mike Miller        |
| Debtor(s  | )         | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$275 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$200 | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to:
<a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:          | Rucker, Isaac J | Case No  |                                      |
|-----------------|-----------------|--|--------------------------------------|
|                 | Debtor(s)       |  |                                      |
|                 |                 | Chapter  | Chapter13                            |
|                 | VERIFIC         | CATION OF CREDITOR MAT                                   | ΓRIX                                 |
| Ti<br>knowledge |                 | y that the attached list of creditors is tr              | rue and correct to the best of their |
| Date:           | 3/14/2017       | /s/ Rucker, Isaac<br>Rucker, Isaac J<br>Signature of Del |                                      |

US DEPT OF ED/GLELSI 2401 INTERNATIONAL LN MADISON, WI, 53704

CCI 501 Greene Street # 302 Augusta, GA, 30901

ENHANCED RECOVERY COLLECTIONS 8014 BAYBERRY RD JACKSONVILLE, FL, 32256

Allied Interstate LLC PO Box 361596 Columbus, OH, 43236

SOURCE RECEIVABLES MNG 4615 DUNDAS DR STE 102 GREENSBORO, NC, 27407

I C SYSTEM INC PO BOX 64378 SAINT PAUL, MN, 55164

FRANKLIN COLLECTION SV 2978 W Jackson St Tupelo, MS, 38801

PLAZA SERVIC 110 Hammond Dr Ste 110 Atlanta, GA, 30328

CREDITORS DISCOUNT & A 415 E MAIN ST STREATOR, IL, 61364

MONEY RECOVERY NATIONW 8155 EXECUTIVE CT STE 10 LANSING, MI, 48917

SNCHNFIN 1900 Hassell Rd Hoffman Est, IL, 60169 City of Chicago - Parking and red Light Tickets 121 N. LaSalle Street Chicago, IL, 60602

Arnold Scott Harris 111 W. Jackson # 600 Chicago, IL, 60604

Chase Po Box 9001871 Louisville, KY, 40290

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| Debtor 1 Isaac<br>First Name  | J<br>Middle Name   | Rucker<br>Last Name   | Case number (if kn   | own)   |
|---|--|---|--|--|
| Parists Answer These Qu   | uestions for Reporting Pur   |   |  |  |
| <sup>16.</sup> What kind of debts do<br>you have?   | No. Go to line 1  Yes. Go to line 1  16b. Are your debts prin  | ordual primarily for a place.  7.  narily business debts so or investment or the sec.  7. | personal, family, or houses? Business debts are described to a rough the operation of the sound of the sound to be a sound to be | ebts that you incurred to obtain<br>the business or investment.  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | No.  | napter 7. Do vou estima   |  | roperty is excluded and administrative<br>ared creditors?  |
| 18. How many creditors<br>do you estimate that<br>you owe?  | ☑ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | [] 5,001  | -5,000<br>-10,000<br>1-25,000  | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19. How much do you<br>estimate your assets<br>to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million                         | \$10,00<br>\$50,00  | 0,001-\$10 million<br>00,001-\$50 million<br>00,001-\$100 million<br>000,001-\$500 million   | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
| 20. How much do you<br>estimate your<br>liabilities to be?<br>Part 7: Sign Below  |  | \$10,00<br>\$50,00  | 0,001-\$10 million<br>00,001-\$50 million<br>00,001-\$100 million<br>000,001-\$500 million   | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
| For you   | I have examined this petitic   | n, and I declare unde   | r penalty of periuny that  | the information provided is true and   |
|   | If I have chosen to file under of title 11, United States Counder Chapter 7.  If no attorney represents me | er Chapter 7, I am awa<br>ode. I understand the<br>e and I did not pay or                 | are that I may proceed, it relief available under ea   | eligible, under Chapter 7, 11,12, or 13 ich chapter, and I choose to proceed   |
|   | out this document, I have o  | btained and read the  | notice required by 11 U  | .S.C. § 342(b).  |
|   | I understand making a false  | statement, concealir<br>cy case can result in   | a property or obtaining  | Code, specified in this petition.  g money or property by fraud in r imprisonment for up to 20 years, or             |
|   | Signature of Debtor 1  | S. C. M.  | Signature of   | Debtor 2   |
| aak amerika sii ka ki kilikii ka kilikii ka kiri ka meensi Kodomensi ka kiri ka kiri ka kiri ka kiri ka kiri k<br>Aa  | Executed on 3/14/20<br>MM  | 017<br>7 DD 7 YYYY  | Executed of  | on   |

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| Fill in this infor              | mation to identify your c   | ase                       |  |  |                                    |
|---------------------------------|---|---------------------------|--|--|------------------------------------|
| Debtor 1                        | Isaac<br>First Name   | J<br>Middle Name          | Rucker                                   |  |                                    |
| Debtor 2<br>(Spouse, if filing) | First Name  | Middle Name               | Last Name                                |  |                                    |
| United States E                 | Bankruptcy Court for the:   | Northern                  | District of Illinois                     |  |                                    |
| Case number<br>(If known)       |   |                           | (State)                                  |  |                                    |
| Official                        | Form 106De  | C                         |  |  | Check if this is an amended filing |
| Declarat                        | ion About an  | Individual Debt           | or's Schedule                            | es .   | 12/15                              |
| Parisis Sign                    | , , , , o . o , unita oo , , .  |                           |  | o \$250,000, or imprisonment for up to 20 year               | a13, 07 DOCH. 10                   |
|                                 |   | one who is NOT an attorne | y to help you fill out ba                | nkruptev forms?  |                                    |
| ∑ No                            |   |                           |  | .,   | ·<br>·<br>·                        |
| Yes. N                          | lame of person  |                           | Attach Bankruptcy<br>Signature (Official | r Petition Preparer's Notice, Declaration, and<br>Form 119). |                                    |
|                                 |   |                           |  |  |                                    |
| Under nen                       | alty of parison 1 dealers   | Shot I have not dit.      |  |  |                                    |
|                                 | are true and correct.   | that I have read the summ | hary and schedules filed                 | d with this declaration and                                  |                                    |
| X /s/ Isaac I                   | - 15 Park ( 18 miles |                           | X Signatur                               | re of Dahtor 2   | 1911 <u> </u>                      |

Signature of Debtor 2

MM/DD/YYYY

Date

Date 3/14/2017

MM/DD/YYYY

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| Debtor   |  | J   | Rucker                      | Case number (if known)  |
|----------|--|---|-----------------------------|---|
|          | First Name                                   | Middle Name                               | Last Name                   |   |
| 28. Wi   | ithin 2 years before<br>editors, or other pa | you filed for bankruptcy, did y<br>rties. | ou give a financial stater  | ment to anyone about your business? Include all financial institutions,   |
| Z        | No<br>Yes. Fill in the de                    | tails below.                              |                             |   |
| Dann     | <b>-</b>                                     |   | Date issued                 |   |
|          |  |   |                             |   |
|          | Name   |   | MM/DD/YYYY                  | ·····   |
|          |  |   | run-                        |   |
|          | Number Street                                |   |                             |   |
|          | City   | State Zip Code                            | ~~                          |   |
|          |  | State Zip Code                            |                             |   |
| Pari 12: | Sign Below                                   |   |                             |   |
| a ba     | <b>*</b> /s/                                 | Isaac Rucker                              | or imprisonment for up t    | erty, or obtaining money or property by fraud in connection with o 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|          | Signati                                      | re of Debtor 1                            |                             | Signature of Debtor 2   |
|          | Date 3                                       | 3/14/2017                                 |                             | Date  |
|          |  |   |                             |   |
| Did y    | ou attach addition                           | al pages to Your Statement of             | Financial Affairs for Indiv | riduals Filing for Bankruptcy (Official Form 107)?  |
| VI I     | No   |   |                             |   |
| T,       | Yes  |   |                             |   |
| Second . |  |   |                             |   |
| Did y    | ou pay or agree to                           | pay someone who is not an at              | orney to help you fill out  | bankruptcy forms?   |
| Z        | No   |   |                             |   |
| m,       | Yes. Name of person                          |   |                             | Attach the Bankruptcy Petition Preparer's Notice,   |
|          |  |   |                             | Declaration, and Signature (Official Form 119).   |

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### UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re:          | Rucker, Isaac J                              |  |  |
|-----------------|--|--|--|
|                 | Debtor(s)                                    | Case No  | ······································ |
|                 |  | Chapter. Chapter13   |  |
|                 | VERIFICA                                     | ATION OF CREDITOR MATRIX   |  |
| Tì<br>knowledge | ne above named Debtors hereby verify t<br>e. | hat the attached list of creditors is true and correct to the be | st of their                            |
| Date:           | 3/14/2017                                    | /s/ Rucker, Isaac J Rucker, Isaac J Singature of Debtor          |  |

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| Debi  | or 1     | Isaac  | J  | Rucker   | 0  |             |
|-------|----------|--|--|--|--|-------------|
|       |          | First Name   | Middle Name  | Last Name  | Case number (if known)   |             |
| 16.   | Cal      | Iculate the median family inco   | me that applies to                                       | you. Follow these ste                                      |  |             |
|       | 16a      | a. Fill in the state in which you liv  | e.   | Illinois   |  |             |
|       | 16b      | o. Fill in the number of people in   | your household.  | 2  |  |             |
|       | 160      | <ol> <li>Fill in the median family income<br/>household<br/>using the link specified in the s</li> </ol> |  | To f   | ind a list of applicable median income amounts, go online<br>may also be available at the bankruptcy clerk's office. | \$65,659.00 |
| 17,   | Hov      | w do the lines compare?  |  | ior and tomi. This list                                    | may also be available at the bankruptcy clerk's office.  |             |
|       | 17a      | Line 15b is less than or eq<br>under 11 U.S.C. § 1325(b)   | ual to line 16c. On<br><i>)(3).</i> <b>Go to Part 3.</b> | the top of page 1 of th<br>Do NOT fill out <i>Calcul</i> a | nis form, check box 1, <i>Disposable income is not determined ation of Disposable Income</i> (Official Form 122C-2). |             |
|       | 17b      | Line 15b is more than line   | 16c. On the top of<br>Part 3 and fill ou                 | page 1 of this form, c                                     | heck box 2, Disposable income is determined under 11 osable Income (Official Form 122C-2). On line 39 of that        |             |
| Pani  | 3 (      | Calculate Your Commitme  | nt Period Unde   | r 11 U.S.C. §1325(   | (b)(4)   |             |
|       |          | y your total average monthly i   |  |  |  | \$1,901.95  |
|       |          | ,  | 3 1000(0)(4) 20000                                       | a you to deduct part of                                    | e is not filing with you, and you contend that calculating the f your spouse's income, copy the amount from line 13. | <u> </u>    |
|       | 19a.     | . If the marital adjustment does n   | ot apply, fill in 0 on                                   | line 19a.  |  | -\$0.00     |
|       |          | . Subtract line 19a from line 18   |  |  |  | \$1,901.95  |
|       |          | culate your current monthly inc  | come for the year.                                       | . Follow these steps:                                      |  |             |
|       | 20a.     | Copy line 19b.   |  |  |  | \$1,901.95  |
|       |          | Multiply by 12 (the number of n  |  |  |  | x 12        |
|       | 20b.     | . The result is your current month   | ly income for the y                                      | ear for this part of the f                                 | form.  | \$22,823.40 |
|       |          | Copy the median family income  | for your state and                                       | size of household from                                     | line 16c.  | \$65,659.00 |
| 21.   |          | do the lines compare?  |  |  |  |             |
|       |          | Line 20b is less than line 20c. Ur<br>commitment period is 3 years. G                                    | iless otherwise orde<br>o to Part 4.                     | ered by the court, on the                                  | ne top of page 1 of this form, check box 3. The  |             |
|       |          | Line 20b is more than or equal to<br>4, <i>The commitment period is 5 y</i> .                            | line 20c. Unless o<br>ears. Go to Part 4,                | therwise ordered by the                                    | e court, on the top of page 1 of this form, check box  |             |
| art 4 | s        | ign Below  |  |  |  |             |
|       | В        | By signing here, I declare under p   | enalty of perjury tha                                    | at the information on ti                                   | nis statement and in any attachments is true and correct.  |             |
|       |          | X /s/ Isaac Rucker   | 000  | No.  |  |             |
|       |          | Signature of Debtor 1  | WWA -  | <u> </u>   | Signature of Debtor 2  |             |
|       |          | Date 3/14/2017<br>MM/DD/YYYY   |  |  | Date   |             |
|       |          |  |  |  | MM/DD/YYYY   | :           |
|       | If<br>al | f you checked 17a, do NOT fill ou<br>f you checked 17b, fill out Form of<br>bove.                        | ut or file Form 1220<br>1220-2 and file it w             | C-2.<br>ith this form. On line 3                           | 9 of that form, copy your current monthly income from line   | ł 4         |